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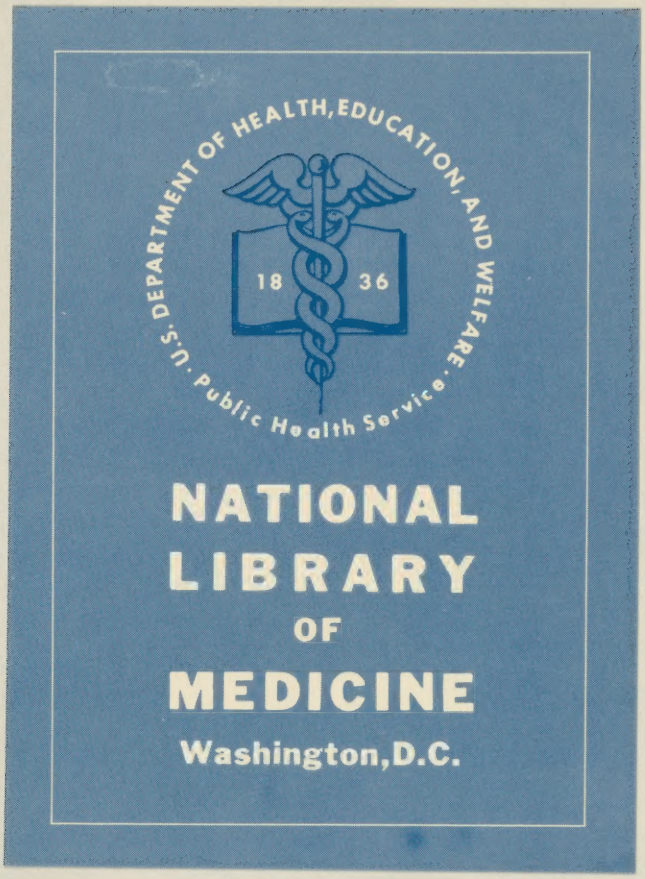

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SUMMARIES AND EXCERPTS FROM THE ANNUAL REPORT OF ORGANIZATION, PROGRAMS AND SERVICES OF LOCAL HEALTH DEPARTMENTS

State that have or are in process of
in Plans for local health programs
North Dakota
Colorado
Montana

California. Dep't of Public Health

DIVISION OF LOCAL HEALTH SERVICE

DECEMBER, 1949

California

FORWARD

3375F

The material assembled herewith represents summaries and excerpts of information submitted by local health officers through the Annual Report of Organization, Programs and Services of Local Health Departments (Form LHS-8). It has been prepared by the Division of Local Health Service for limited distribution within the Department to aid program directors and consultants in developing their field consulting services.

The Annual Report provides many clues which are helpful in determining the kind of consultation that we should be giving and the priorities which should be assigned to field consultants' time. Most important, perhaps, are those situations about which the local health officer expresses concern and a need for immediate attention. It is the health officer who is in the best position to determine the relative importance of local problems and to know which health department activities are likely to meet with public and professional support or indifference. Further, he is likely to be more receptive to our help in meeting those problems which he sees and is struggling with. Another clue is provided by those activities which the health officer plans to give substantially increased effort this fiscal year. Such rapidly expanding activities may well need the assistance of our field consultants. Finally, the report reveals those areas in which the health officer for one reason or another has done nothing and plans to do nothing. In such instances State program directors may feel that there is a job to do in acquainting the health officer with the need for this particular activity and to help him prepare his staff, the community and professional groups for the assumption of this activity by the health department.

In the following pages, Part I, we have prepared some summary tables showing for the various program activities included in the report (1) problem areas (2) areas in which a moderate or great amount of increased activity is shown (3) areas in which there is no activity and none planned and (4) areas where there was no activity in the previous fiscal year but plans to start this fiscal year. These items are shown by the symbols P-problem, I-increased activity, N-no activity and N/-new activity for each health department and by State totals. If no symbol at all is shown for an activity it means that the activity will be continued with its present emphasis.

Part II excerpts from the report the answers by health officers to our request, "State your most serious (program) problem outlining briefly what you propose to do during the fiscal year 1949-1950 toward correcting it". Some of these answers reveal a hurried consideration, but many show careful thought and will be rewarding to State personnel.

Table II, Part I, shows the per capita budgeted by each health department for the fiscal year 1949-1950 and the number of physicians, nurses and sanitarians budgeted, employed and needed to meet the minimum recommendations of the California State Board of Public Health. This is included simply to serve as a rough guide in determining how large a part of the health department's problems is the result of deficiencies in budget and personnel. It should be recognized in interpreting this table that the population figures given are probably low (they are not based on the latest State census estimate), that the number of public health nurses and sanitarians necessary depends upon the kind of program being carried on, and that nurses particularly may be employed by other agencies rendering some type of health service. Further, quality of personnel varies greatly (many sanitarians became registered through the so-called "grandfather clause").

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The budget figures shown in Table 11 are provisional at this time. Final budget and expenditure tables showing relative proportions of Federal, State and local funds will be distributed as soon as the Accounting Section has completed its audit.

The Division of Local Health Service has not attempted to interpret these data. We feel that this is the function of those more intimately concerned with programs. We look forward to future meetings with program directors and field consultants to consider the implication of this material for the programming of field consultation and to plan for revision of the Annual Report so that it may better serve our purposes.

Leslie D. Fox

Chief, Division of Local Health Service
December, 1949

INDEX

PART I - Summary Tables of Program Activities, Budget and Personnel in Local Health Departments

This material is presented alphabetically by Health Department.

PART I

Summary Tables of Program Activities, Budget and Personnel in Local Health Departments

Table 1

ACUTE COMMUNICABLE DISEASE CONTROL

HEALTH JURISDICTION	PROGRAM ACTIVITIES									SPECIAL PROBLEMS		
	Diagnostic Laboratory Service	Performance of Immunizations	Distribution of Immunizing Agents	Epidemiological Investigations	Supervision and Demonstration Nursing Care in Home	Reporting of A. C. D.	Studies of Vital - Morbidity Records	Interpretation of Service Records	Utilization of Community Groups	Concern with Special Diseases	Isolation Facilities	Environmental Sanitation
Alameda County	I	P I	I	I	N+	I	I		I			
Alameda			N						I			
Bekerley			N						N			
Oakland	I	I							I			
Butte County	N+	N+	N	N+	N+	N+	N+	N+	N+			
Colusa County	N+					P N+	N+	N+	N	Q - Fever		
Contra Costa County	I			I	I		I	I	N	Ringworm Scalp		
Richmond	I				P					Polio		
Fresno County	N+	I		I	P N		N+	N+	I	Polio		
Humboldt-Del Norte Counties	I	P I	I	I	N			I	I	Polio		
Imperial County	I	I							I	Infant Diarrhea		P
Kern County		I										
Kings County	I	I	N+	I	N	N	N		N	Polio		
Los Angeles County				I						Polio		
Long Beach	I			I	P I	P I	I	I				
Los Angeles			N		N		N+	N+	N+			
Pasadena					I						P	
Madera County	N	I			I		I	I	N			
Marin County											P	
Mariposa County	N		N			P I						
Merced County	I	I	N+	I	I	P			N+			
Monterey County												
Napa County			N						N		P	
Orange County			N						N	Polio		
Placer County	N+	I	N		N	I			N			
Plumas County	N				N		N	N	N			
Riverside County			N		I					Polio		
Sacramento County			N						N			P
Sacramento			N	I					N+			P

Table 1 (Continued)

ACUTE COMMUNICABLE DISEASE CONTROL

HEALTH JURISDICTION	PROGRAM ACTIVITIES									SPECIAL PROBLEMS		
	Diagnostic Laboratory Service	Performance of Immunizations	Distribution of Immunizing Agents	Epidemiological Investigations	Supervision and Demonstration Nursing Care in Home	Reporting of A. C. D.	Studies of Vital - Morbidity Records	Interpretation of Service Records	Utilization of Community Groups	Concern with Special Diseases	Isolation Facilities	Environmental Sanitation
San Benito County	N	I				P I			N			
San Bernardino County	N+								N	Infant Diarrhea		
San Bernardino	I	I	I	I	I		I	N	N			
San Diego County		I	N				I	I	I			
San Diego		I	N			P I	P I	P I	I	Polio		
San Francisco City and County				I			I	I	I	Polio Infant Diarrhea		
San Joaquin County		I								Infant Diarrhea		
San Luis Obispo County					N					Scabies, Impetigo		
San Mateo County	I			I		I	I	I				
Santa Barbara County	N						I	I				
Santa Clara County			N				I	I	N			
San Jose			N				I	I		Infant Diarrhea		
Santa Cruz County							I					
Solano County	I			I	I		I	I	N		P	
Sonoma County			N		N		N	N	N		P	P
Stanislaus County	I	I			N	P	P N	P N	N			
Sutter-Yuba Counties		I	N						N			
Tulare County		I		I	I	P I						
Ventura County			N		N				N	Infant Diarrhea		
Yolo County	I	I	N						N			
TOTALS:												
P - Problem		2			3	8	2	2			5	4
I - Increased Activity	14	19	3	14	9	8	14	12	9			
N - No Activity	5		19		10	1	4	4	20			
N+ - New Activity	5	1	2	1	2	2	4	4	4			

Table 2 CHRONIC DISEASE PROGRAM

HEALTH JURISDICTION	PROGRAM ACTIVITIES				SPECIAL PROBLEM
	Case-Finding Surveys	Supervision and Demonstration Nursing Care in Home	Studies of Vital-Morbidity Records	Utilization of Community Groups	Hospital Facilities
Alameda County	N+	N+	I		
Alameda	N	I	N	I	
Berkeley	N			N	
Oakland	N	I	I		
Butte County	N	N+	N	N	
Colusa County	N	I	N+	I	
Contra Costa County	N	N	N	N	
Richmond			N	N	
Fresno County	N	N	N	N	
Humboldt-Del Norte Counties	N	N			
Imperial County	I			I	
Kern County	N		N		
Kings County	N+	N+	N+	N+	
Los Angeles County	N			N	
Long Beach	N	N	I	I	
Los Angeles	N+	N+	N+	N+	
Pasadena	N			P N	
Madera County				N	
Marin County	N	N	N	N+	
Mariposa County	N	N	N		
Merced County	N	N	N+	N+	
Monterey County	N	N	N	N	
Napa County	N	I	N		
Orange County	N	N+		N	P
Placer County	N	N		N	
Plumas County	N	N	N		
Riverside County	N	I	N	N	
Sacramento County	N	N	N	N	
Sacramento	N	N	N	N	
San Benito County	N	I	N	N	

Table 2 (Continued) CHRONIC DISEASE PROGRAM

HEALTH JURISDICTION	PROGRAM ACTIVITIES				SPECIAL PROBLEM
	Case-Finding Surveys	Supervision and Demonstration Nursing Care in Home	Studies of Vital-Morbidity Records	Utilization of Community Groups	Hospital Facilities
San Bernardino County	N	I	N	N	
San Bernardino	N		N	N	
San Diego County	N	N	N	N	
San Diego	N	N	N	N	
San Francisco City and County	N	I	I	I	
San Joaquin County	N			N	
San Luis Obispo County	N+	N+		N+	
San Mateo County	N				
Santa Barbara County	N		I		
Santa Barbara					
Santa Clara County	N	N		N	
San Jose	I		I		P
Santa Cruz County	N	N		N	
Solano County	N	N+	N+	N+	
Sonoma County	N+	N+	N+	N	
Stanislaus County	N	N	N	N	
Modesto					
Sutter-Yuba Counties	N				
Tulare County	N	N	N	N	
Ventura County	N	N	N	N	
Yolo County	N+	N	N	N+	
TOTALS:					
P - Problem				1	2
I - Increased Activity	2	8	6	5	
N - No Activity	39	20	23	26	
N+ - New Activity	6	8	6	7	

Table 3

TUBERCULOSIS CONTROL

HEALTH JURISDICTION	PROGRAM ACTIVITIES									SPECIAL PROBLEMS	
	Laboratory Service	Diagnostic Service	Supervision and Demonstration Nursing Care in Home	Nursing Follow-Up	Mass Surveys	Current Register	Studies of Vital-Morbidity Records	Interpretation of Service Records	Utilization of Community Groups	Hospital Facilities	Recalcitrant Patients
Alameda County							I	I	I	P	
Alameda				I		N				P	
Berkeley								N	N		
Oakland	I		I	I	P N						
Butte County	N+	N+	N+	N+	N	N	N+	N+	N+		
Colusa County	I	I				I	N+	N+			
Contra Costa County		I		I			N+		N+		P
Richmond					I	I	I	I	N+		
Fresno County	N+	N+	P I	P I	N	N	N+	N+	N+		
Humboldt Del-Norte Counties	I		I	I	P I	I		I	I	P	
Imperial County	I			I	P I	I		I	I		
Kern County									I		
Kings County	I		N	I	P I	N	N+	N+	I		
Los Angeles County			I		I				I	P	
Long Beach	I	I	I	I	P I	I	I	I	I	P	P
Los Angeles					I	I	I				
Pasadena					P I					P	
Madera County	I			I			N				
Marin County								I		P	
Mariposa County		N	N+	I			N	N			
Merced County	I	I	I	I		I					P
Monterey County			I	I	I				N		
Napa County		P N				P N+	P N+	P N+			
Orange County										P	
Placer County			N		N	N			N		P
Plumas County			N		N	I					
Riverside County			I	I	P I			I			
Sacramento County			I	I		I	I	I			
Sacramento		I	I	I	P I		I	I	I		
San Benito County									P		
San Bernardino County								N+		P	
San Bernardino	I	I	I	I	I				I	P	

Table 3 (Continued)

TUBERCULOSIS CONTROL

HEALTH JURISDICTION	PROGRAM ACTIVITIES									SPECIAL PROBLEMS	
	Laboratory Service	Diagnostic Service	Supervision and Demonstration Nursing Care in Home	Nursing Follow-Up	Mass Surveys	Current Register	Studies of Vital-Morbidity Records	Interpretation of Service Records	Utilization of Community Groups	Hospital Facilities	Recalcitrant Patients
San Diego County	I		I	I	P I		I	I			
San Diego	I		P I	I	P I		I	P I			
San Francisco City and County	I	I	I	I	I	I	I	I	I	P	
San Joaquin County				I	P	I	I	I			
San Luis Obispo County					I						P
San Mateo County	I				P N						
Santa Barbara County	N+						I	I			
Santa Clara County					N						
San Jose								I		P	
Santa Cruz County					P			N			
Solano County			I	I	I	I	I	I	I	P	P
Sonoma County					I	I	N	N			
Stanislaus County	I	I	P I	P I	I	P I	P N	P I	I		
Sutter-Yuba Counties								N			
Tulare County			I	I	I	I				P	
Ventura County	I						N			P	
Yolo County	N+	N		I	I	P N+	N		I		
TOTALS:											
P - Problem		1	3	2	13	3	2	3	1	15	6
I - Increased Activity	15	8	17	24	21	15	12	17	13		
N - No Activity		3	3		7	5	6	5	3		
N+ - New Activity	4	2	2	1		2	6	6	4		

Table 4

VENEREAL DISEASE CONTROL

HEALTH JURISDICTION	PROGRAM ACTIVITIES											SPECIAL PROBLEMS	
		CLINIC SERVICES											
	Diagnostic Laboratory Service	Diagnostic	Treatment	Diagnostic Schedule Used	Nursing Interview	Review of Case Records and Follow-Up	Case Finding by Mass Surveys	Epidemiological Follow-Up of Contacts	Studies of Vital-Morbidity Records	Interpretation of Service Records	Utilization of Community Groups	Prostitution	Private Physician Reporting
Alameda County		I	I	S		I	P I	I	I	I	I		
Alameda		Oakland	Oakland	-			N						
Berkeley		Oakland	Oakland	-			N		N	N			
Oakland				S			N						
Butte County	N+	I	I	S	N+	N+	N	N+	N+	N+	N+		
Colusa County	I			-			N		N+	N+	N+		
Contra Costa County			P	-			N+				N+		
Richmond	I			S	P		N				N+		
Fresno County	N+			-	P I				N+	N+	N		
Humboldt-Del Norte Counties	I	I	I	S	I	I	N	I			N		
Imperial County	I	I	I	-		I		I			I	P	
Kern County	I			S			N+				N+		
Kings County	I		I	-	I	I	N+	I	I		N+		
Los Angeles County		I		S		P		P	I	I	I		P
Long Beach							N		I	I	I		P
Los Angeles				-									
Pasadena				S									
Madera County		I	I	-	N		N				N		
Marin County		I	I	S	I	I	P	I	I	I	I		
Mariposa County							N		N		N+		
Merced County	I	P I	P	-	I		N+	I			N+		
Monterey County				S			N		N	N	N		
Napa County		P N	P N	-		N	N		N	N	N		
Orange County				PHS			N				N		
Placer County	N	N	N	-			N				N	P	
Plumas County							N		N	N			
Riverside County				S		P	N				N		
Sacramento County				S			N						
Sacramento		I	I	S				I					
San Benito County		P	P	-			N				P N		P
San Bernardino County	N+			S				P	I	I	N		P
San Bernardino	I	I Contract	I	-	I	I	N	N	N	N	N		

Table 4 (Continued)

VENEREAL DISEASE CONTROL

HEALTH JURISDICTION	PROGRAM ACTIVITIES											SPECIAL PROBLEMS	
		CLINIC SERVICES											
	Diagnostic Laboratory Service	Diagnostic	Treatment	Diagnostic Schedule Used	Nursing Interview	Review of Case Records and Follow-Up	Case Finding by Mass Surveys	Epidemiological Follow-Up of Contacts	Studies of Vital-Morbidity Records	Interpretation of Service Records	Utilization of Community Groups	Prostitution	Private Physician Reporting
San Diego County	Partial			S									
San Diego	Partial			S									
San Francisco City and County				-			I				I		
San Joaquin County				S		I	N						
San Luis Obispo County				-			N			N+	N		P
San Mateo County	P I			S			N						
Santa Barbara County				-									
Santa Clara County				-									
San Jose				-			P						
Santa Cruz County				-			N				N		
Solano County	1			S	I	I		I					P
Sonoma County				S					N	N	N		
Stanislaus County	I	I	I	S	P I	I	N	I	N	I	N		
Sutter-Yuba Counties	I			S			N			N	N		
Tulare County				S	P		N	P I			P		
Ventura County				-			N	P	N	N	N		
Yolo County	I			S			N		N	N	N		
TOTALS:													
P - Problem	1	3	4		4	2	3	4			2	2	6
I - Increased Activity	13	11	9		8	9	2	10	6	6	6		
N - No Activity	1	2	2		1	1	28	1	10	9	18		
N+ - New Activity	3				1	1	4	1	3	4	8		

MATERNAL AND CHILD HEALTH

HEALTH JURISDICTION	PROGRAM ACTIVITIES					SCHOOL HEALTH SERVICES							
						PUBLIC				PAROCHIAL			
							Exams				Exams		
	Prenatal Clinics	Maternity Classes	Well-Baby Conferences	Child Health Conferences	Supervision and Demonstration Nursing Care in Home	Planning and Training	Objectives	Supply Medical Personnel	Supply Nursing Personnel	Planning and Training	Objectives	Supply Medical Personnel	Supply Nursing Personnel
Alameda County	N	P I	P I	I	I	P	N+	N	I	P	I	N	I
Alameda	N			N		N	N	N	N		N	N	N
Berkeley	N+	I					I				I		
Oakland	I					N	N	N	N			N	
Butte County	N+	N+	I	I	N+	N+	N+	N	N	N	N	N	N
Colusa County	N	N	I	I		I	I			I	I		I
Contra Costa County		P I	P		I			N				N	N
Richmond	P N	I		P					N				
Fresno County	N	N			N			N	N	N	N	N	N
Humboldt-Del Norte Counties	N	P	I	P I	N	I		N					
Imperial County	P	N+			P	N				N			
Kern County						I					N+		
Kings County		N+			N	N		N	N	N	I	N	N
Los Angeles County						N	N	N	N			N	
Long Beach	N	I	I	I	P	N	N	N	N	P N	P N	P N	P N
Los Angeles						N	N	N	N	N+			
Pasadena						N	N	N	N	N	N	N	
Madera County	N	N	I	I		I	N	N	N	I	I	I	I
Marin County	N	N				I	I	I	I				
Mariposa County	P		P I	I			P			N	P N		
Merced County	N+	N+	I	N+	I	I	I	N				N	N
Monterey County	P	I		P				N		N		N	
Napa County	N					P N	P N	N	N	P N	P N	N	N
Orange County	N	N				N	N	N		N	N	N	N
Placer County	N	P			P	N			N	N			
Plumas County		N								N	N	N	N
Riverside County	P			P	I	I		P N				P N	
Sacramento County	N	P N	P					N				N	
Sacramento	N		I	I		N	N	N	N			I	

HEALTH JURISDICTION	PROGRAM ACTIVITIES					SCHOOL HEALTH SERVICES							
						PUBLIC				PAROCHIAL			
							Exams				Exams		
	Prenatal Clinics	Maternity Classes	Well-Baby Conferences	Child Health Conferences	Supervision and Demonstration Nursing Care in Home	Planning and Training	Objectives	Supply Medical Personnel	Supply Nursing Personnel	Planning and Training	Objectives	Supply Medical Personnel	Supply Nursing Personnel
San Benito County		P I	I	I	I	N	I	I	I	N	I	I	I
San Bernardino County	P N				P	P				P N	P N	N+	N+
San Bernardino	N	N	I	I	I	N	N	N	N	I	N		
San Diego County	I	I	I	I			I		I		I		
San Diego		I	I	I		N	N	N	N	P	P I		
San Francisco City and County	I	P I	I	I		I	I			I	I	I	I
San Joaquin County	N	P N	I	I		I	P I	I			P	I	
San Luis Obispo County	P				N					N	N	N	N
San Mateo County						P N	P N	N	N				
Santa Barbara County	N					P I	P I			P I	P I		
Santa Barbara													
Santa Clara County	N	I									N	N	N
San Jose		P		P						N	N	N	
Santa Cruz County		P			N			N	N	N	N	N	N
Solano County	P N					N+	I	I	I	P I	P I	I	I
Sonoma County	I	P N+				N	N	N	N			N	
Stanislaus County	P N+	N+	I	I	P I	I	I			I	I		N
Modesto													
Sutter-Yuba Counties		N				N				N	N	N	
Tulare County	P	N			P N			N	N	N+	N	N	N
Ventura County	N	I				I				N	N		
Yolo County	N	N	I	I	N	N		I	I	N	N	N	N
TOTALS:													
P - Problem	10	11	4	5	6	5	5	1		7	8	2	1
I - Increased Activity	4	12	17	16	7	12	11	5	6	7	12	6	6
N - No Activity	22	12		1	7	19	14	26	20	20	19	25	16
N+ - New Activity	4	6		1	1	2	2			2	1	1	1

Table 5 - Part II MATERNAL AND CHILD HEALTH

HEALTH JURISDICTION	PROGRAM ACTIVITIES			SPECIAL PROBLEM
	Studies of Vital-Morbidity Records	Interpretation of Service Records	Utilization of Community Groups	Prematures
Alameda County	I	N+	I	
Alameda				
Berkeley			N	
Oakland				
Butte County	N+	N+	N+	
Colusa County	N+	N+		
Contra Costa County				
Richmond			I	
Fresno County	N			
Humboldt-Del Norte Counties	N	N		
Imperial County				
Kern County				
Kings County	N	N	N+	
Los Angeles County	P			
Long Beach				
Los Angeles				P
Pasadena				
Madera County	I	I	N	
Marin County	I	I	I	
Mariposa County	N			
Merced County			N+	P
Monterey County			N	
Napa County	N	N	N	
Orange County	N			
Placer County				
Plumas County				
Riverside County				
Sacramento County			N	
Sacramento				
San Benito County			N	

Table 5 - Part II MATERNAL AND CHILD HEALTH
(Continued)

HEALTH JURISDICTION	PROGRAM ACTIVITIES			SPECIAL PROBLEM
	Studies of Vital-Morbidity Records	Interpretation of Service Records	Utilization of Community Groups	Prematures
San Bernardino County				
San Bernardino	N	N	N	
San Diego County				P
San Diego				P
San Francisco City and County			I	
San Joaquin County			I	
San Luis Obispo County			N	
San Mateo County				
Santa Barbara County	I	I		
Santa Barbara				
Santa Clara County				
San Jose				
Santa Cruz County	N	N	N	
Solano County	N+	I	I	
Sonoma County	N	N	N	
Stanislaus County	N	N	N	
Modesto				
Sutter-Yuba Counties	N	N		
Tulare County			N+	
Ventura County		N		
Yolo County	N	N	N	
TOTALS:				
P - Problem	1			4
I - Increased Activity	4	4	6	
N - No Activity	12	10	12	
N+ - New Activity	3	3	4	

Table 6

PHYSICALLY HANDICAPPED CHILDREN

HEALTH JURISDICTION	PROGRAM ACTIVITIES													SPECIAL PROBLEMS	
	DIAGNOSTIC SERVICE			TREATMENT AFTER-CARE SERVICE			NURSING SUPERVISION DEMONSTRATION								
	Rheumatic Fever	Cerebral Palsy	Other Crippling Conditions	Rheumatic Fever	Cerebral Palsy	Other Crippling Conditions	Rheumatic Fever	Cerebral Palsy	Other Crippling Conditions	Crippled Children's Register	Studies of Vital-Morbidity Records	Interpretation of Service Records	Utilization of Community Groups	Convalescent Homes	Excessive Nursing Time
Alameda County	N+	P N+	P N+	N+	P I	P N+	I	I	I	N	I	I	I		
Alameda	N	P N	P I	N	P N	P N									
Berkeley	N+	P N+	P N+	N	P N+	P N+		N+		N+		N	N		
Oakland	N	N	N	N	N	N									
Butte County	N+	N+	N+	N+	N+	N+	N+	N+	N+	N	N+	N+	N+		
Colusa County	N	N	N	N	N	N					N+	N+	I		
Contra Costa County													N+		
Richmond	P			P									N+		
Fresno County	N			N			N			I	N+	N+	N		
Humboldt-Del Norte Counties		N	I		N		N	N	N	I	N	N	N		
Imperial County															
Kern County	I	I	I	I	I	I	I	I	I	I			I		
Kings County	N	N+	N+	N+	N+	N+	N+	N+	N		N+	N+			
Los Angeles County*		N	N	N	N	N		N		N	N	N	N		
Long Beach**	N	N	N	N	N	N	P	P	P						
Los Angeles*		N		N	N	N									
Pasadena							I	I	I	I					
Madera County	N	I	I	N	N	I	N	I	I	I	I	I	I		
Marin County	P N	N		P N	N		N				I		I		
Mariposa County	N	N	N	N	N	N	N	N	N		N		N		
Merced County		I	I		I	I		I		N+	N+		N+		P
Monterey County	N			N	N	N	N	N	N	N+	N	N	N		
Napa County	N	N	N	N	N	N				P N+	N+	N+	N+		
Orange County	N+						I							P	
Placer County	N			N			N	N	N						
Plumas County	N	N	N								N				
Riverside County				N	I	I		I	I						
Sacramento County				N											
Sacramento				N											
San Benito County	P N			P N			N								
San Bernardino County		I		N+										P	
San Bernardino	I		I							N	N+	N	N		

Table 6 (Continued)

PHYSICALLY HANDICAPPED CHILDREN

HEALTH JURISDICTION	PROGRAM ACTIVITIES													SPECIAL PROBLEMS	
	DIAGNOSTIC SERVICE			TREATMENT AFTER-CARE SERVICE			NURSING SUPERVISION DEMONSTRATION								
	Rheumatic Fever	Cerebral Palsy	Other Crippling Conditions	Rheumatic Fever	Cerebral Palsy	Other Crippling Conditions	Rheumatic Fever	Cerebral Palsy	Other Crippling Conditions	Crippled Children's Register	Studies of Vital-Morbidity Records	Interpretation of Service Records	Utilization of Community Groups	Convalescent Homes	Excessive Nursing Time
San Diego County	N	N	N	N	N	N	N	N	N			N			
San Diego	N	N	N	N	N	N	N	N	N			N			
San Francisco City and County	I	I	I	P I	I	I				I	I	I			
San Joaquin County	I			N						I			I		
San Luis Obispo County	N+			N+			N+								P
San Mateo County	N			N			N								
Santa Barbara County	I	I	I								I	I			
Santa Clara County	N			N											
San Jose	N			N										P	
Santa Cruz County	P N			P N	N		N				N	N			
Solano County	P N+			P N+						I		I			
Sonoma County				N	N	N					N	N			
Stanislaus County	I	I	I	I	I	I	I	I	I	I	N	N	N		
Sutter-Yuba Counties	N	N		N	N		N	N	N				N		
Tulare County	N+	N		N+	N+										
Ventura County	P N+			P N+			N+				N	N			
Yolo County	N	I	I	N	I	I	N	I	I		N	N	N+		
TOTALS: P - Problem	6	3	3	7	3	3	1	1	1	1				3	2
I - Increased Activity	6	8	10	3	7	7	5	8	7	9	5	5	6		
N - No Activity	22	15	9	28	17	12	14	8	8	4	10	12	9		
N+ - New Activity	8	4	4	8	4	4	4	3	1	4	7	5	6		

* Diagnostic and treatment services provided by Department of Charities.

** Diagnostic and treatment services provided through public schools and local hospital.

Table 7

DENTAL HEALTH

HEALTH JURISDICTION	PROGRAM ACTIVITIES						
			DENTAL SERVICES				
	Promotion of Preschool Services	Promotion of School Services	Preschool Children	School Children	Prenatal Patients	Other Groups	Interpretation of Service Records
Alameda County	P I	P	N	N	N	N	N
Alameda	I	P I	N	N+	N	N	N
Berkeley			N	N	N	N	N
Oakland	I	I	N	N	N	N	N
Butte County	N+	N+	N	N	N	N	N
Colusa County			P				
Contra Costa County		I		I		N	I
Richmond	N	N			N	N	N
Fresno County	N	N	N	N	N	N	N
Humboldt-Del Norte Counties	N	N	N	N	N	N	N
Imperial County	N		N				
Kern County	N	P I	N	N+	N	N	N
Kings County		N				N	N
Los Angeles County	I	I					
Long Beach					N	P	
Los Angeles	N	N	N	N	N	N	N
Pasadena	P N		P N+				
Madera County	N	N	N	N	N	N	N
Marin County				I		N	
Mariposa County	N	N	N	N	N	N	N
Merced County	I	I			N	N	
Monterey County	I	I	N+	P N+			
Napa County	P N	N	P N		N	N	N
Orange County	N	P N+	N	N	N	N	N
Placer County	N	N		N	N	N	N
Plumas County				N	N	N	
Riverside County		I		N+		N	
Sacramento County		N					N
Sacramento	P	P			N	N	
San Benito County	N		N	I	N	N	
San Bernardino County	I	P			N	N	
San Bernardino		I	P		N	N	N

Table 7 (Continued)

DENTAL HEALTH

HEALTH JURISDICTION	PROGRAM ACTIVITIES						
			DENTAL SERVICES				
	Promotion of Preschool Services	Promotion of School Services	Preschool Children	School Children	Prenatal Patients	Other Groups	Interpretation of Service Records
San Diego County	N			I		N	
San Diego	N	N	N	N		N	N
San Francisco City and County	I	I	I	I	N	I	I
San Joaquin County	N+	I	N+	I	N	N	
San Luis Obispo County				P		N	N
San Mateo County	N	N	N	N	N	N	N
Santa Barbara County	N	I	N	I	N	N	I
Santa Barbara							
Santa Clara County	I			P	I		
San Jose	N+		P				
Santa Cruz County					P N	P N	
Solano County	N+	N+			N	N	N+
Sonoma County	I	I	I	P I		N	N
Stanislaus County	N	N					N
Modesto							
Sutter-Yuba Counties	N	N	N	N	N	N	N
Tulare County	N		N	N	N	N	N
Ventura County	I	I	I	I	N	N	
Yolo County	N	N	N		N	N	N
Totals:							
P - Problem	4	6	5	4	1	2	
I - Increased Activity	11	14	3	9	1	1	3
N - No Activity	21	15	21	16	32	38	26
N+ - New Activity	4	3	3	4			1

Table 8

OCCUPATIONAL HEALTH

HEALTH JURISDICTION	PROGRAM ACTIVITIES				COMMENTS AND PROBLEMS
	Medical - Statistical Studies	Consultant Services	Industrial Laboratory	Promotion of In-Plant Services	
Alameda County	N			N	Program of inspections in Emeryville to be started
Alameda	N	N		N	
Berkeley		N	N	N	
Oakland	I	I	I	I	
Butte County	N+	N+	N	N	
Colusa County	N	N	N	N	Program not warranted
Contra Costa County	N	N	N	N	Need additional personnel
Richmond	N	N	N	N	
Fresno County	N	N	N	N	
Humboldt-Del Norte Counties	N	N	N	N	
Imperial County			N		Accidental deaths and heat prostration are main problems
Kern County			N	N+	Medical Officer interested in problem
Kings County	N	N	N	N	
Los Angeles County					Cite dermatitis and radiations (welding) as particular problems
Long Beach	N	N	N	N	Planning to survey industrial hazards
Los Angeles					
Pasadena	N	N	N		Working with local chapter of National Safety Council
Madera County	N	N	N	N	
Marin County	N	N		N	
Mariposa County	N	N	N	N	
Merced County		N+	N	N+	
Monterey County	N		N	N	Cite dermatitis in fish canneries as problem
Napa County	N	N	N	N	Lack of personnel
Orange County			N	N	Silica exposure of pottery workers - lack of personnel
Placer County	N	N	N	N	
Plumas County	N	N	N	N	
Riverside County	N		N	N	
Sacramento County	N	N	N	N	Lack of personnel and facilities
Sacramento	N		N	I	Planning survey of occupational hazards
San Benito County	N	N	N	N	
San Bernardino County		N	N	N	Desire consultation
San Bernardino	N	N	N	N	

Table 8 (Continued)

OCCUPATIONAL HEALTH

HEALTH JURISDICTION	PROGRAM ACTIVITIES				COMMENTS AND PROBLEMS
	Medical - Statistical Studies	Consultant Services	Industrial Laboratory	Promotion of In-Plant Services	
San Diego County	N	N	N	N	Desire consultation
San Diego	N+	N+	N+	N+	Planning program - desire consultation
San Francisco City and County	N	N	N	N	
San Joaquin County	N	N	N	N	Only general plant sanitation supervised
San Luis Obispo County	N	N	N	N	No factories - no serious problem
San Mateo County				N	Cite nitrogen oxides, lead fumes, cement and asbestos dust as particular problems
Santa Barbara County			N	N	Surveying problem - desire consultation
Santa Clara County	N	N	N	N	
San Jose	N	N	N		
Santa Cruz County	N		N		Ten food processing companies with no pre-employment medical examination - no sanitary supervision for winery and cider plants
Solano County	N		N	N	Lack of personnel and budget
Sonoma County	N	N	N	N	Need a survey
Stanislaus County	N	N	N	N	No plans
Sutter-Yuba Counties	N	N	N	N	
Tulare County	N	N	N	N	Cite insecticides as particular problem
Ventura County	N	N	N	N	
Yolo County	N	N	N	N	
TOTALS:					
I - Increased Activity	1	1	1	2	
N - No Activity	36	32	41	38	
N+ - New Activity	2	3	1	3	

HEALTH JURISDICTION	PROGRAM ACTIVITIES														
	FOOD SANITATION		WATER SUPPLIES					SEWAGE AND WASTE DISPOSAL			MILK AND MILK PRODUCTS			
			Inspection - Regulation					Inspection - Regulation			Inspection - Regulation			
	Inspection - Regulation Restaurants	Food Handlers Classes	Small Public Supplies	Private Supplies	Cross Connection and Backflow	Bottled Water	Ice Plants	Public Sewage Disposal	Private Sewage Disposal	Private Waste Disposal	Production Farms	Distribution Plants	Pasturization Plants	Pasturization Ordinance
Alameda County	I	N+	P	P	N+	N+	N	N	P I		N	N	N	No
Alameda	I	N	N			N	N	N	N	N				No
Berkeley		N	N	N	N	N	N	N	N	N				Yes
Oakland		I	I		I			N						No
Butte County	N+	N+	N+	N+	N	N	N	N+	N+	N+				No
Colusa County	I	I	I		N+	N		I	P I	I	P N	N	N	No
Contra Costa County	I	N+				N			P					No
Richmond		N+	N		N	N	N	N		P				No
Fresno County	I	I	I	I	N	I	I	P I	I	I	I	I	I	Yes
Humboldt-Del Norte Counties	I	N			N			P N	I	P I				No
Imperial County		N+						P						No
Kern County		N+	I	I	N	N			I	I				No
Kings County	I	N		N	N		N							Yes
Los Angeles County	I	I			I		I		I	I	I	I	I	No
Long Beach		N			I			N	N	P N	N			Yes
Los Angeles					I		I							Yes
Pasadena														Yes
Madera County	I	N	N	I	I	N	N	I	I	I	N	I	N	Yes
Marin County		N+	P I	P	N	N	N	N+	P		N	N	N	No
Mariposa County		N		P	N		N	N	I		N	N	N	No
Merced County			I		N+	N		P N	P I	I	N	N	N	No
Monterey County				N	N			P						Yes
Napa County		P I			N				P					No
Orange County		N				N	N	P						Yes
Placer County		N					N			P	N	N	N	No
Plumas County		N												No
Riverside County	I	I	I	I			I	I	I	I	I			No
Sacramento County		N			N	N	N		P		N	N	N	No
Sacramento		P I			I	N	N	N						Yes
San Benito County		N+	N	I	N+	N		I	P I	P I				Yes
San Bernardino County			P	P	N	N	N							Redlands Only

HEALTH JURISDICTION	PROGRAM ACTIVITIES														
	FOOD SANITATION		WATER SUPPLIES					SEWAGE AND WASTE DISPOSAL			MILK AND MILK PRODUCTS			
			Inspection - Regulation					Inspection - Regulation			Inspection - Regulation			
	Inspection - Regulation Restaurants	Food Handlers Classes	Small Public Supplies	Private Supplies	Cross Connection and Backflow	Bottled Water	Ice Plants	Public Sewage Disposal	Private Sewage Disposal	Private Waste Disposal	Production Farms	Distribution Plants	Pasturization Plants	Pasturization Ordinance
San San Bernardino	I	I	N	N	I			N	N	N	I	I	I	No
San Diego County	I		I	I				I	I	I	I	I	I	No
San Diego								N			I	I	I	No
San Francisco City and County					N			N						Yes
San Joaquin County	I	N+			N+		N+	I	P I	I			I	Cities Only
San Luis Obispo County		N+							P					No
San Mateo County	I	N+						P I	P I		I	I	I	Yes
Santa Barbara County		N+	I	I	I	I	I	I	I	I				No
Santa Clara County		N		N	N	N		P		P				No
San Jose			N				N	P						No
Santa Cruz County	I	N			N				P I		I	I	I	Yes
Solano County	I	P I								I				Vallejo Only
Sonoma County		N+	P					I	P I	I	N	N	N	No
Stanislaus County	I	P N	I					P	I	I	N	N	N	No
Sutter-Yuba Counties		I		I	N		N	N			I			No
Tulare County	I	N+			N	N		N	P I	P I				No
Ventura County		N			N				P I					No
Yolo County		N				N			P					No
TOTALS:														
P - Problem		4	4	4				10	16	7	1			
I - Increased Activity	18	10	10	8	8	2	5	10	20	16	9	8	8	
N - No Activity		16	7	5	19	18	16	15	4	4	11	9	10	
N+ - New Activity	1	14	1	1	5	1	1	2	1	1				

HEALTH JURISDICTION	PROGRAM ACTIVITIES												
	VECTOR CONTROL				GENERAL SANITATION Inspection - Regulation					RABIES CONTROL			
	Promotion of Control Measures	Advisory Service	Direct Participation	Coordination of Activities	Swimming Pools	Housing	Schools	Garbage Disposal	Camps	Other than Animal Pond	Rabies Ordinance	Interpretation of Service Records	Utilization of Community Groups
Alameda County	I	I	I	I	I	I	I	I	N		No	I	I
Alameda	I	I	N				I	P			Yes	I	
Berkeley						N			N		Yes		N
Oakland										N	No		
Butte County	N	N+	N	N+	N+	N	N+	N+	N	N	No	N+	N+
Colusa County		I					I		N		Yes	I	I
Contra Costa County				I		N			N		No		
Richmond									N	N	Yes		N+
Fresno County	I	I	I	I	I	I	I	I	I	I	Yes	I	I
Humboldt-Del Norte Counties			N			N		P I			No		I
Imperial County							I	I			Yes		I
Kern County	I	I	N	I		I		I	I		Yes		
Kings County			N					N	N		Yes		N
Los Angeles County	I	I	I	I				I	I		Yes	I	I
Long Beach	P I		P I		I		I	P I			Yes	I	I
Los Angeles						I	P I	I		N	No		
Pasadena									N		Yes		
Madera County	I	N	I	I	I	N	I	I	I	I	Yes		N
Marin County	N			N							Yes		
Mariposa County											Yes		N
Merced County		N	N	I	I				I	I	Yes		N+
Monterey County				N							Yes		N
Napa County	N+		N							I	Yes		I
Orange County			N							N	Yes		I
Placer County			N					P			Yes		N
Plumas County											No		
Riverside County	I	I	I	I	I			I			Yes	I	I
Sacramento County											No		N
Sacramento					I	P I					Yes	I	
San Benito County	I	I	I			I	I			I	Yes		I
San Bernardino County					I				I		Yes		
San Bernardino	I	I	I	N	I	I	I	I	N	I	Yes		N

Table 9 - Part II (Continued)

ENVIRONMENTAL SANITATION

HEALTH JURISDICTION	PROGRAM ACTIVITIES												
	VECTOR CONTROL				GENERAL SANITATION Inspection - Regulation					RABIES CONTROL			
	Promotion of Control Measures	Advisory Service	Direct Participation	Coordination of Activities	Swimming Pools	Housing	Schools	Garbage Disposal	Camps	Other than Animal Pond	Rabies Ordinance	Interpretation of Service Records	Utilization of Community Groups
San Diego County	P I	I	I	I			I	N			No	N	
San Diego	P					I	I		N		Yes	N	
San Francisco City and County				N							Yes		N
San Joaquin County			N	N	I	I		I		N	Cities Only	P I	N
San Luis Obispo County											No		
San Mateo County						I					Yes		N
Santa Barbara County											No		I
Santa Clara County			N	N		N					Yes		N
San Jose				N				P	N		Yes		
Santa Cruz County			N	N	I		I				No		
Solano County	I	I			I	I	I				Yes		
Sonoma County			N			N		N			No	N	N
Stanislaus County			N							I	P No		N
Sutter-Yuba Counties			N	I	I			I	N		No		N
Tulare County					I		I	I		I	No		
Ventura County	I		N	P N							No	N	I
Yolo County											Yes		
TOTALS:													
P - Problem	3		1	1		1	1	5				1	
I - Increased Activity	13	11	9	10	14	11	15	14	6	8		9	13
N - No Activity	2	2	16	9		7		3	12	6		4	15
N+ - New Activity	1	1		1	1		1	1				1	3

Table 10

VITAL RECORDS

HEALTH JURISDICTION	PROGRAM ACTIVITIES								
	Complete File	Review and Query for Completeness and Accuracy	Medical Review and Query	Transmittal of Copies to County Recorder	Coding	Tabulation	Correction for Residence	Clearance of Case Register	Matching of Infant Births and Deaths
Alameda County		I	I			I		I	
Alameda									
Berkeley									
Oakland									
Butte County	N+	N+	N+	N+	N+	N+	N+	N+	N+
Colusa County							N		N+
Contra Costa County		I	N+		I		N+	N+	N+
Richmond			N+					I	N
Fresno County	I	I	I		N+	I	N+		I
Humboldt-Del Norte Counties		I					N		
Imperial County									
Kern County							N+		N+
Kings County							N		
Los Angeles County		I	I		I		I		
Long Beach						I	I		
Los Angeles				N					
Pasadena									
Madera County	I	I				I	I	I	I
Marin County						I			N
Mariposa County					N	N	N	N	N
Merced County					N+	N+		I	N+
Monterey County								N	N
Napa County									I
Orange County							N		N
Placer County									
Plumas County					N	N	N	N	N
Riverside County							N		N
Sacramento County									
Sacramento			I						
San Benito County									

Table 10 (Continued)

VITAL RECORDS

HEALTH JURISDICTION	PROGRAM ACTIVITIES								
	Complete File	Review and Query for Completeness and Accuracy	Medical Review and Query	Transmittal of Copies to County Recorder	Coding	Tabulation	Correction for Residence	Clearance of Case Register	Matching of Infant Births and Deaths
San Bernardino County			N+				N		N
San Bernardino	I	I	I		N	N			
San Diego County									
San Diego									
San Francisco City and County				N	I	I			
San Joaquin County			I	N	I		I	N	
San Luis Obispo County									
San Mateo County					I				
Santa Barbara County									
Santa Barbara									
Santa Clara County									N
San Jose									N
Santa Cruz County			N				N		
Solano County					I	I	I	I	N+
Sonoma County		I					N		N
Stanislaus County	I	I	I		I	N	I	I	N+
Modesto									
Sutter-Yuba Counties									N
Tulare County						I		I	I
Ventura County					N	N	N		N
Yolo County			N				N	N	
Totals:									
I - Increased Activity	4	9	7		7	8	6	7	4
N - No Activity			2	3	4	5	12	5	13
N+ - New Activity	1	1	4	1	3	2	4	2	7

Table 11

PER CAPITA BUDGETED, NUMBER OF SELECTED PERSONNEL EMPLOYED AND NUMBER NEEDED TO SATISFY MINIMUM STANDARDS
IN
LOCAL HEALTH DEPARTMENTS: CALIFORNIA

HEALTH JURISDICTION	Population[1/]	Budget[2/] 1949-1950	Per Capita	NUMBER OF FULL-TIME POSITIONS FOR								
				PHYSICIAN			PUBLIC HEALTH NURSE			REGISTERED SANITARIAN		
				Budgeted	Filled	Needed to satisfy minimum standards *	Budgeted	Filled	Needed to satisfy minimum standards *	Budgeted	Filled	Needed to satisfy minimum standards *
TOTALS	9,469,000	$15,810,280	$1.66	211	195	390	916	806	1934	635	610	498
Alameda County	108,000	235,990	2.19	3	3	2	26	23	22	7	7	6
Alameda	94,100	79,167	.84	1	1	2	6	6	19	2	2	5
Berkeley	104,700	136,311	1.30	2	2	2	21	21	21	4	4	5
Oakland	419,600	697,203	1.70	6	5	8	35	35	84	41	39	21
Butte County	54,000	86,817	1.61	1	1	1	5	2	11	2	2	3
Colusa County	13,100	31,321	2.41	-	-	1	3	3	3	1	1	1
Contra Costa County	182,100	230,419	1.29	2	2	3	15	13	36	6	5	9
Richmond	107,800	131,584	1.22	2	2	2	12	10	22	5	5	6
Fresno County	220,600	271,274	1.23	4	4	4	17	5	44	13	6	11
Humboldt-Del Norte Counties	71,000	109,905	1.55	1	1	1	6	6	14	3	3	4
Imperial County	79,300	131,292	1.66	1	1	2	3	2	16	3	3	4
Kern County	181,200	474,710	2.62	5	3	4	37	32	36	15	13	9
Kings County	45,700	82,415	1.80	1	1	1	1	1	9	2	2	3
Los Angeles County	1,658,300	2,782,738	1.68	39	38	33	150	140	332	110	108	83
Long Beach	250,300	390,100	1.56	5	4	5	13	10	50	13	13	13
Los Angeles	1,874,500	2,864,529	1.53	56	53	38	113	104	375	138	136	94
Pasadena	102,000	125,720	1.23	1	1	2	10	10	20	4	4	5
Madera County	36,000	51,623	1.43	2	2	1	2	2	7	2	2	2
Marin County	73,500	116,402	1.58	2	2	2	7	7	15	1	1	4
Mariposa County	5,700	12,995	2.28	-	-	1	1	1	1	1	1	1
Merced County	62,700	81,767	1.30	1	1	1	5	4	12	2	2	3
Monterey County	101,800	222,800	2.19	1	1	2	12	11	20	8	8	5
Napa County	48,000	71,040	1.48	1	1	1	4	4	10	2	2	3
Orange County	195,100	296,899	1.52	3	3	4	15	9	39	13	11	10
Placer County	33,900	86,436	2.55	1	1	1	2	2	7	1	1	2
Plumas County	12,700	20,900	1.65	1	1	1	1	0	3	1	1	1
Riverside County	149,800	280,278	1.87	4	3	3	14	11	30	7	7	8
Sacramento County	86,300	86,322	1.00	1	1	2	8	7	17	4	4	5
Sacramento	(126,900)	-	-	1	1	2	12	8	25	28	28	7

Table 11 (Continued)

PER CAPITA BUDGETED, NUMBER OF SELECTED PERSONNEL EMPLOYED AND NUMBER NEEDED TO SATISFY MINIMUM STANDARDS
IN
LOCAL HEALTH DEPARTMENTS: CALIFORNIA

HEALTH JURISDICTION	Population 1/	Budget 2/ 1949-1950	Per Capita	NUMBER OF FULL-TIME POSITIONS FOR								
				PHYSICIAN			PUBLIC HEALTH NURSE			REGISTERED SANITARIAN		
				Budgeted	Filled	Needed to satisfy minimum standards*	Budgeted	Filled	Needed to satisfy minimum standards*	Budgeted	Filled	Needed to satisfy minimum standards*
San Benito County	14,900	45,416	3.05	-	-	1	3	1	3	1	1	1
San Bernardino County	139,300	176,048	1.26	4	3	3	13	11	28	9	5	7
San Bernardino	59,000	55,031	.93	1	0	1	3	2	12	3	3	3
San Diego County	197,400	492,885	2.50	8	7	4	30	28	39	16	15	10
San Diego	376,600	383,740	1.02	2	2	7	11	11	75	24	24	19
San Francisco City and County	848,600	1,980,925	2.33	14	14	17	129	129	170	62	62	43
San Joaquin County	206,400	399,751	1.94	5	5	4	20	14	41	9	9	11
San Luis Obispo County	52,700	106,433	2.02	2	1	1	7	6	11	4	4	3
San Mateo County	202,800	269,311	1.33	2	2	4	15	11	41	9	8	10
Santa Barbara County	52,400	160,010	3.05	4	4	1	15	14	11	4	4	3
Santa Barbara	(38,500)	-	-	1	1	1	2	2	8	3	3	2
Santa Clara County	165,100	374,750	2.27	5	5	3	33	30	33	10	10	9
San Jose	83,300	142,377 3/	1.71	1	1	2	9	9	17	8	8	5
Santa Cruz County	59,000	82,916	1.41	1	1	1	6	4	12	3	3	3
Solano County	114,400	164,145	1.43	3	2	2	9	7	23	4	4	6
Sonoma County	89,500	118,266	1.32	1	0	2	9	7	18	5	5	5
Stanislaus County	87,700	129,084	1.47	2	2	2	11	6	18	4	4	5
Modesto	(19,300)	-	-	1	1	1	1	1	4	2	1	1
Sutter-Yuba Counties	45,800	84,360	1.84	1	1	1	5	2	9	2	2	3
Tulare County	133,800	201,532	1.51	2	2	3	14	7	27	7	7	7
Ventura County	130,300	196,110	1.51	2	2	3	10	10	26	5	5	7
Yolo County	38,200	58,233	1.52	1	0	1	5	5	8	2	2	2

1/ Population estimates are as of July 1, 1948.

2/ These figures are provisional pending final audit by the Accounting Section.

3/ Budget for nine months (Fiscal Year December 1 to August 31).

* Minimum recommendations adopted by the California State Board of Health:

1 Public Health Physician for each 50,000 persons
1 Public Health Nurse for each 5,000 persons
1 Registered Sanitarian for each 20,000 persons

PART II

Responses of Local Health Officers to Request: State your most serious (program) problem outlining briefly what you propose to do during the fiscal year 1949-1950 toward correcting it.

ALAMEDA CITY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Chronic Disease: The entire field is unexplored in this community. With the exception of the work being done with the Heart Division of the Alameda County Tuberculosis and Health Association, nothing is being done except for nursing demonstration and supervision in the home. However, the small nursing staff does not warrant any increase in the activities in this field. Attempts may be made during the ensuing years to develop a bedside nursing program in the community, but problems of financing have not been worked out to date.

2. Tuberculosis: The most serious problem in the community is the lack of beds for diagnosed tuberculous patients. Steps to develop a home medical care program have been taken and, in addition, more beds are being built at the present time at the Fairmont Hospital.

3. Venereal Disease: A complete program of VD control is being offered to the City of Alameda through the activities of the Alameda City Health Department and the Oakland City Health Department. The Health Officer of the City of Oakland has indicated that financial arrangements may be required to continue this form of service. These cannot be completed during the fiscal year 1949-50 but may be completed subsequent to that time.

MATERNAL AND CHILD HEALTH PROBLEMS

The most serious maternal and child health problem of the community is the absence of a bedside nursing care program. No direct steps have been taken to date in developing this type of program in the community; however, certain studies have been undertaken and the problem has been pointed out to the community at intervals. Just how much will be accomplished during the ensuing year is unknown, but steps towards its accomplishment will be taken if the opportunity is afforded.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

The Alameda County Institutions, through the Highland Alameda County Hospital, provide complete services for all eligible residents of Alameda County. A large percentage of the work in this field is accomplished by them without specifically calling the program a crippled children's program. The most serious problem in this field is the establishment of the program. Initial discussions to accomplish this end were undertaken by all of the full-time health officers in Alameda County and with the Medical Director of Alameda County (responsible to the Alameda County Institutions Commission). Definite headway was made during the past fiscal year and the program will be pursued during the ensuing fiscal year. Money for the program was appropriated for the first time during the fiscal year by the Board of Supervisors.

DENTAL HEALTH PROBLEMS

The development of a dental health program is the most serious problem. Some of the initial ground work with the Dental Society has been accomplished to date, but no definite program has been evolved. During the ensuing year, it is planned to start an educational program within the school system.

OCCUPATIONAL HEALTH PROBLEMS

This field has not been investigated by the health department as yet, and it will probably not be done during the ensuing fiscal year.

ENVIRONMENTAL SANITATION PROBLEMS

The most serious environmental sanitation problem of the community continues to remain that of handling of garbage on private premises. My plans for its solution are not completed to date and may await an opportune moment for development and completion.

ALAMEDA COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: Increasing the number of immunizations against diphtheria and whooping cough. A recent study of school children up to the age of six revealed that, in a considerable number of county districts, less than 30% of the children had been completely immunized against diphtheria and whooping cough. It is the purpose of the health department to increase this level by (1) an educational campaign of physicians and parents, and by (2) making available more public health clinics at which such immunizations may be obtained.

2. Chronic Disease: Obtaining specific information on exactly what the problem is. It is suspected that this is closely related to the problem of geriatrics and the degenerative diseases of the heart and blood vessels.

3. Tuberculosis: Lack of beds. It is the intention of this health department to partly alleviate this problem with (1) a home care program in which chest specialists, the public health department and various interested agencies will cooperate, and (2) there is a building program at Fairmont Hospital which should provide an actual increase of fifty beds within the next year. If the outmoded buildings on the Fairmont Hospital grounds are not destroyed, it is believed that the number of beds may be increased to about two hundred.

4. Venereal Disease: Case finding. We propose to approach this problem in several ways: (1) Mass blood testing with the cooperation of labor unions and industrial plants. (2) Physician education. (3) Education of the laity. (4) Mass blood testing as an adjunct to the program of the Alameda County Tuberculosis and Health Association, particularly in Russell City, Decoto and other areas in which it is suspected that the venereal disease rate is relatively high. We will be more able to do this at the end of this year, because of an additional laboratory technician.

MATERNAL AND CHILD HEALTH PROBLEMS

Lack of organization of the school health services program. The following steps will be aimed at correcting this: (1) Continuation of joint meetings of county health and county school department administrators to effect closer coordination of the two departments and to propose policies. (2) Preparation of a school health manual to include policy and detailed procedure for school health services. (3) Meetings with school faculties to discuss the school health services program as proposed in the school health manual.

Lack of a strong maternal health program, and the following steps are planned to correct this deficiency: (1) Continuation of educational consultation by public health nurse in Fairmont Prenatal Clinics on an individual basis. (2) Provision of maternity classes for patients in Fairmont Prenatal Clinic. (3) Provision of parents' classes in communities in this health jurisdiction.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Lack of a program which would make available to all such children complete diagnostic service, as well as expert treatment and after care. The following steps are being taken: (1) The full-time health officers in Alameda County, in consultation with the assistant medical director of

Alameda County Institutions, and with State Department of Public Health officials working with the State Crippled Children's Program have formulated a plan for a crippled children's program for Alameda County. (2) The proposed plan has been approved by the medical director of Alameda County Institutions, and has been submitted to the Board of Supervisors. (3) The proposed plan has been submitted to the County Medical Society and is under consideration by their committee at present. (4) Further details of actual administration will be worked out by the local health officers and their staffs.

DENTAL HEALTH PROBLEMS

Difficulty of obtaining dental care for preschool and school children, especially those who cannot afford private care. The following steps are being taken to correct this situation: (1) Positions for public health dentist and hygienist have been set up in the health department budget. Discussion with representatives of the Alameda County Dental Association and with consultants from the State Department of Public Health has been held to consider a dental health program which might provide services for preschool and school children. Further coordinated planning must be done during the next fiscal year to work out such a program. (2) Work with the local dental society and the medical director of the Alameda County Institutions will aim at the provision of more facilities for dental care for indigent children in the areas to which care at Fairmont and Highland Hospitals is not readily accessible.

OCCUPATIONAL HEALTH PROBLEMS

The most serious occupational hazard has not yet been determined because we have yet to begin our industrial health program. We expect to begin a program of inspections of industrial establishments in Emeryville in September, 1949, in cooperation with the Bureau of Adult Health.

ENVIRONMENTAL SANITATION PROBLEMS

Lack of adequate and safe water supplies and sewage disposal facilities in the areas of Russell City, Baumberg, Valle Vista, and Alta Vista. There may be a solution to the water supply problem in the relatively near future when Hayward completes its connection with the Hetch Hetchy system. We have already had conferences with Hayward concerning this, but no definite decisions have been reached. The problem of sewage disposal for the above areas in particular, and also in several other areas, is one that will only be solved on a satisfactory basis when public sewer systems can be provided. In the four areas mentioned above, experience has indicated that private sewage disposal devices cannot function properly because of impervious soil conditions and because of periods of high water tables, in some instances only one foot below grade. It is hoped that through community participation with governmental agencies a solution may be arrived at whereby these blighted areas can be provided with sewers. Until such time as this is brought about, the desirability of providing a public water system to these areas is questionable. Our work during the 1949-50 fiscal year will be directed toward obtaining public sewage disposal facilities for the above mentioned areas.

NATIONAL LIBRARY OF MEDICINE
WASHINGTON, D. C.

COLUSA COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: "Q" Fever. At the present time a program is under way, in cooperation with the Virus and Rickettsial Disease Laboratory, State Department of Public Health, to conduct a survey concerning primarily the epidemiology of "Q" Fever. Although this program is in its formative stages it is expected that in the latter part of September or the month of October to establish a rather comprehensive random sampling survey in the City of Colusa. In the winter and spring of 1949 there was an outbreak of "Q" Fever in Colusa County in which approximately 50 cases were reported all of which were confirmed by serological tests by the Virus and Rickettsial Laboratory of the State Department of Public Health.

2. Tuberculosis: The Colusa County Health Department is now in the process of establishing a case registry for tuberculosis. In cooperation with the Colusa County Tuberculosis and Health Association, the County Hospital, and the organized physicians of the county, a program is being adopted whereby the doctors of the county will be permitted to refer to the County Hospital their private patients for a free chest x-ray. These x-rays will be paid for by the Tuberculosis and Health Association. It is believed that this method of detecting tuberculosis will prove very effective in as much as the individuals will be selected by the physicians of the county. As a part of this program, arrangements have been made for the x-raying of all pregnant women.

MATERNAL AND CHILD HEALTH PROBLEMS

We have on file records and histories on maternal and child health cases, however, there are not enough of these for case studies as these files have only been set up since January, 1949. In this county maternal health is well covered by the practicing physician so that this does not present any problem. We do need more child health and well-baby conferences and we are working to build these up as rapidly as possible.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

We have records and statistics on current and closed cases, however, no studies have been made up to the present time due to the fact that there is not sufficient material as the nursing division of the health department has only been functioning since January, 1949. Our major problem is in the lack of local facilities for diagnosis, treatment and convalescent care of rheumatic fever and cerebral palsied children; also, the complete absence of local facilities for diagnosis and treatment of vision and hearing defects.

DENTAL HEALTH PROBLEMS

Disagreement among dentists, educators, and public health people about what constitutes a good dental health program; and no clinics, except a few sponsored by charities, for school age children. We propose to establish a Dental Advisory Committee to bring all groups together to determine the best program. We have asked for public money to establish clinics for school age children, a small amount but a step in the right direction, if it is granted. We will continue to ask clubs for money to continue the work we are doing.

OCCUPATIONAL HEALTH PROBLEMS

Industrial health in Colusa County does not seem to warrant an organized control program. Conditions are investigated as they arise. Predominately agriculture.

ENVIRONMENTAL SANITATION PROBLEMS

1. Due to the lack of information by home owners, contractors and general public, most individual sewage disposal systems are poorly constructed and planned. Sewage running on the surface of the ground is a common practice. Getting satisfactory correction is a problem. Due to the efforts of the health department, many contractors and individuals are consulting with us to plan new sewage systems. There is no way of enforcing specific requirements as to size or design at the present time. It is felt that by constant aid to people of this county who wish to improve their conditions that within this next year local ordinance may be requested for strict control.

2. Milk and dairy sanitation is very lax. Most of the daries in Colusa County are selling manufacturing milk and sanitation control of this product under Department of Agriculture regulations are meager. Local ordinances and inspection should be instituted.

3. Exceptionally large rodent population exists in Colusa County. A program of general eradication utilizing all local official and voluntary groups is being planned for fall months.

4. Uninspected meat can be kept under control by public education, closer inspection of incoming meat and public relations.

CONTRA COSTA COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: During the past year, epidemic ringworm of the scalp (aoudoini) has been our most serious problem as an acute communicable disease. It is hoped that the epidemic possibilities are somewhat decreased.

2. Chronic Disease: The chronic disease program is not developed in this county, so no accurate statement as to the greatest problem can be made.

3. Tuberculosis: The most serious problem in tuberculosis is the many patient's with positive sputums who violate isolation rules.

4. Venereal Disease: Our venereal disease problem is the difficulty we are having in establishing facilities for out-patient treatment.

MATERNAL AND CHILD HEALTH PROBLEMS

Until very recently, the health department has had no organized program for maternal and infant health. Just how to establish such a program in this large area posed a problem. Personnel limitation was an additional problem. It was finally decided to start this program in cooperation with the County Hospital. All prenatals, postnatals and infants admitted or discharged from the hospital are reported to the health department.

In the brief time we have been following these cases in the field, we have met with several problems that will call for future clarification and attention: (1) What are the policies of the hospital on maternal care? (2) What instructions are available to the patients from the hospital? (3) By what means are the nurses in the field made aware of patients problems? (4) Do the hospital and well baby conferences have the same routines for feedings, formulas, etc.? These are but a few of the problems that we have met. There are many others--all of them will need careful study and planning in order to complete a program for this service. We mean to arrive at these solutions through joint meetings of the health department staff and the staff of the County Hospital.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Including rheumatic fever, the problems are poor location and physical facilities of various crippled children services clinics. Procedural difficulties of administration include: (1) Agencies concerned with instigation of referral--channeling. (2) Agencies responsible for authorization for care--channeling. (3) Scheduling for clinic. (4) Uniform recording of clinic reports--channeling. (5) Responsibility for convalescent home admission (all admissions made through one source). (6) Reports of care while in hospital and discharge recommendations. (7) Simple and adequate record forms. (8) Pediatric screening examinations seem advisable for certain clinics. (9) Confusion in some clinics, where patients are seen by two different physicians with resultant conflicting recommendations. Many difficulties in orthodontic program. Seems advisable to have a local diagnostic screening clinic for all patients by one orthodontist.

DENTAL HEALTH PROBLEMS

Our greatest problem is lack of dentists in some areas of this county, particularly dentists who are trained in dentistry for children and are interested in taking child patients. We hope to have a mobile dental unit with a full-time dentist (or part-time dentist, if unable to secure services of a full-time dentist) which will partially furnish care for a limited age group not adequately supplied by local dentists in the rural school districts.

OCCUPATIONAL HEALTH PROBLEMS

Due to lack of adequate personnel, our occupational disease problem has not been developed as yet. When personnel is available, this program will be given serious attention.

ENVIRONMENTAL SANITATION PROBLEMS

Our most serious problem still concerns individual sewage disposal. Our program during the fiscal year 1949-1950 will be to encourage unsewered areas to annex to sanitary districts, cities or other governmental bodies which provide sewer services.

HUMBOLDT-DEL NORTE BI-COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: Poliomyelitis is the most serious acute communicable disease problem in 1949. We are: (1) Awaiting discovery of effective means for control of polio; (2) Conducting an active educational campaign; (3) Promoting the early diagnosis and treatment by approved methods; (4) Carrying out of current State Department of Public Health regulations.

2. Chronic Disease: Heart Disease (degenerative cardivascular disease and rheumatic heart disease). We are conducting an educational campaign, "Be Your Age", and considering a case finding program.

3. Tuberculosis: We are working towards county-wide mass x-ray survey in cooperation with the State Department of Public Health and County Tuberculosis and Heart Associations. Education, support for a modern local sanatorium, support for better care and treatment, and improved follow-ups are also being stressed. We are also cooperating with newly appointed rehabilitation officer.

4. Venereal Disease: Syphilis is most serious venereal disease problem. What is being done: Education, more case finding, more epidemiology, better follow-ups of treated cases and routine spinal taps at 6 months following treatment.

MATERNAL AND CHILD HEALTH PROBLEMS

The most serious problem has been the lack of expectant parent's classes and too few child health conferences. With the cooperation of the State Department of Public Health and the public schools, it is expected that a pilot course in Expectant Parent's Classes will be instituted in Fortuna during 1949 as part of the adult education program of the city schools. Three new Child Health conferences have been instituted since July 1949; one at Crescent City; one at Willow Creek and an additional conference at Eureka Housing Project. Plans are being considered to add possibly two more locations for conferences; one at Smith River and one at Maple Creek.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

The most serious handicapped children problem has been the essential lack of a crippled children's service case finding program in Del Norte County. A full-time public health nurse was assigned to Del Norte County beginning in July. This will enable the department to establish an adequate case finding program in this county.

DENTAL HEALTH PROBLEMS

Most severe problem is the control of dental caries. We are exploring the possibilities of establishing a dental health program and seeking improved professional cooperation for orthodontic care.

OCCUPATIONAL HEALTH PROBLEMS

Our problem is the lack of industrial health services. We are exploring the possibilities of making a beginning in public health nursing educational efforts in industry.

ENVIRONMENTAL SANITATION PROBLEMS

Raw sewage going into Humboldt Bay and Eel River. This we hope will be corrected during 1950-1951, by installing treatment plants in Eureka, Arcata, Ferndale, Fortuna and Scotia. A treatment plant will also be installed at Crescent City. The garbage disposal problem will be helped by providing additional county garbage dumps and contracting with private collectors in accordance with the provisions of a new county ordinance now pending adoption.

IMPERIAL COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: Diarrhea and dysentaries in children and infants. Education of mothers, teachers and civic leaders against flies, filth and sewage.

2. Chronic Disease: Heart disease. Education necessary. Hope to establish a heart clinic in 1950-1951.

3. Tuberculosis: Plans completed for a mass survey and follow-up. Need bi-yearly smaller surveys.

4. Venereal Disease: "Protected" prostitution. Financial economy of smaller towns dependent upon regular fines of prostitutes. Education of public and "jousting" of prostitutes needed. Chiefs of police are working closer to bring infected people to clinics. We have employed a part-time venereal disease investigator and plan to re-establish two clinics. Food handlers are being examined.

MATERNAL AND CHILD HEALTH PROBLEMS

The problem is lack of pre- and post-natal care. We need more pre-natal clinics and an increased budget to employ more nurses to make home calls. Contributing to a solution are the facts that two obstetricians have entered the county and that the Health and Welfare Council has adopted a maternal and nutrition program.

The program of assignment of resident pediatricians from Los Angeles Children's Hospital to Imperial County continues. Sanitarians are working with cities to help promote "slum clearance".

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Those physically handicapped children other than cerebral palsey cases need more attention. Education of civic groups as to entire complex of physically handicapped problem is needed.

DENTAL HEALTH PROBLEMS

Dentists in the county, in conjunction with school nurses, voluntarily did some excellent surveys in the 1948-1949 year. The new budget provides $420 to pay for 21 dental clinics, and $105 for materials. This program is for school children in the group between financially able to pay and indigent. We also need a nutrition program.

OCCUPATIONAL HEALTH PROBLEMS

Accidental deaths and heat prostrations. Part of the answer is education.

ENVIRONMENTAL SANITATION PROBLEMS

Lack of buildings, education, sewage facilities, water supplies and public apathy.

KERN COUNTY HEALTH DEPARTMENT

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

1. We need to be able to send more appointments for rechecks for patients with rheumatic fever. At present our rheumatic fever clinic is filled mostly with new cases. Our pediatrician is teaching another doctor who will help him examine patients in the rheumatic fever clinic.

2. We need more medical care for eye cases. We are trying to work out some method that will facilitate referrals to private medical doctors.

3. We need better follow up on children who are delinquent in clinics. While the orthopedic nursing consultant from the State Department of Public Health was here, we reviewed our cases and have a better tickler system. (The tickler system was discontinued when patients started to make their appointments at the hospital.)

4. We would like more participation by public health nurses in our crippled children clinic. We have asked the hospital for children to be seen in a separate clinic for crippled children, but so far the children have had to come to the general orthopedic clinic here in the hospital. These clinics are held two mornings each week.

5. Our biggest problem is trying to qualify so that we will be able to administer our program as recommended by the State Department of Public Health. We are planning to have more meetings with private doctors interested in the program and with county officials regarding this program.

DENTAL HEALTH PROBLEMS

Dental education only provided to school children, prenatal patients, P.T.A. and civic groups. Program of preventive and corrective dentistry for school children being developed in cooperation with Dental Society and social agencies.

OCCUPATIONAL HEALTH PROBLEMS

No program except tuberculosis control activities relating to cement and borax plants, mines, cotton gins, etc. When specific cases found, assistance from State Health Department is utilized. A new member of our medical staff is very interested in industrial health work and plans to work with sanitarians and others in control of industrial hazards.

ENVIRONMENTAL SANITATION PROBLEMS

Migratory laborers and labor camps. We are centering our program on encouraging farmers to supply housing for necessary labor to plant and harvest their crops.

KINGS COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: Polio is still probably our most important problem in this field. We, of course, have our usual childhood diseases and occasionally an outbreak of some salmonella type of infection, but we do not consider these as serious as we do our polio problem. We shall try to rectify this by keeping as good control of environmental sanitation and things of this nature as we possibly can.

2. Chronic Disease: We still have the problems of our cancer and heart disease for which we have no ready answer at the present time, except that we have the use of our County Hospital to help us control this problem.

3. Tuberculosis: After evaluating the situation here, I feel that tuberculosis is one problem that a great deal can be done for. In the past, we have picked tuberculosis up after it has begun to show signs and symptoms. Our problem this year is to try to carry and to impress upon people the importance of having chest x-rays before there are signs and symptoms. We would like to promote, in time, a routine examination of all people who enter our hospitals, both private and county. This, we think, will begin to get at the tuberculosis problem in the early stages when we can do the most about it. A tuberculosis clinic is held each week under Dr. Winn, a very capable doctor, who is taking care of our problem at the present time and, with his help and our increased case finding, we hope to bring the tuberculous problem down to where it is no longer the most acute problem that we have here.

4. Venereal Disease: Under our venereal disease program, we have a weekly clinic. We still have some trouble in finding our contacts, but we consider it normal as we know the nature of this work. There are adequate facilities here for the treatment and, of course, the method is provided by the State in offering the drugs which we need to control this problem.

MATERNAL AND CHILD HEALTH PROBLEMS

In the field of maternal and child health, we are holding seven well child conferences in the county. We are trying to stress the importance of having the child checked regularly and these children extend from birth until school age. In this age, we think we can do the most in maintaining a good healthy condition and will eventually reap the rewards of this close supervision.

PHYSICALLY HANDICAPPED CHILDREN

We are holding here, every other month, a crippled children's clinic under Dr. McKeever, located in Los Angeles, who comes here and evaluates our problems as they present themselves, once every two months. We think this is probably an ideal method of taking care of our problems and we look forward to even more case finding in this field.

DENTAL HEALTH PROBLEMS

In the field of dental health a program was launched and the services of a local dentist was procured for inspection and survey of the teeth of the children. We feel that, in this field, we will, later in the year, develop a method which not only will have an inspection, but a correction. The thing that we wish to stress in the field of dental health is correction. Inspections without corrections do not mean much after the first time around.

ENVIRONMENTAL SANITATION PROBLEMS

We shall carry out close inspections of labor camps, which we consider to be our number 1 problem and we shall do a great deal of health education in this field. We shall carry out numerous food handling courses. Also, we are trying to add to the minimum restaurant ordinance of the State of California by having graded restaurant ordinances passing by all incorporated cities and make it county-wide in grading of the restaurants. These are probably the major things that we will do in the field of environmental sanitation at this time.

LONG BEACH CITY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

The following is a summary of the most serious disease problems and what it is proposed to do during the fiscal year 1949-1950 toward correcting them. One of the most serious problems faced by the health department, and common to all phases of the general program, is the lack of adequate facilities. The health department is housed in a building which was built for other purposes, and there is severe overcrowding in every division. Plans have been approved by the City Council for a new health center; it is expected that construction of this building will commence later this year, and that it will be completed some time in 1950. Another problem confronting the health department is the inability to secure qualified personnel, especially in the Division of Public Health Nursing and the Laboratory Division. The health department is making every effort to locate qualified personnel needed to implement its program.

1. Acute Communicable Disease: The problem is one of inadequate case finding and lack of morbidity data. The department hopes to effect an improvement of this problem by educating doctors to report these diseases promptly.

2. Chronic Diseases: The problem is likewise the lack of morbidity data and the difficulty in finding such information in order to determine what the chronic disease problem is in the community. No program has been formulated toward correcting these problems in the field of chronic diseases.

3. Tuberculosis: The principal problems in this field are: (1) The lack of adequate facilities and beds for tuberculous patients; (2) the problem of the recalcitrant patient; and (3) the problem of case finding. During the coming year there will be inaugurated a community-wide tuberculosis x-ray survey. Secondly, the county is expanding its facilities for tuberculous patients at the County Hospital. It is, however, primarily through education that the problem of recalcitrant individuals will be resolved.

4. Venereal Disease: The outstanding problem in this field is that of the lack of adequate case finding and contact reporting. The principal corrective emphasis is upon education. Liaison with various social agencies and medical societies is encouraged as a means of promoting better reporting of venereal diseases.

MATERNAL AND CHILD HEALTH PROBLEMS

Although the health department does not operate any prenatal clinics, there are prenatal clinics in Long Beach under the supervision of the hospitals. The public health nurses from the health department make some home visits as a part of this program. The health department does not undertake any regular school health services either in the public or parochial schools. The health department does conduct an immunization program though. In the parochial schools, the department carried out the entire immunization program, while in the public schools, the health department assisted the doctors and nurses of the school system complete the immunizations.

The most serious problem in the field of maternal and child health is the shortage of nursing personnel. While such a shortage exists, it is not possible to give sufficient attention to a program of home demonstrations in the care of the newborn and premature infants. The department is attempting to secure qualified personnel. Another problem is the lack of

health care for children in parochial schools. A new program has been started this year in the care of the newborn. Classes are given by the public health nurses at the hospitals, teaching mothers how to bathe their babies and how to prepare formulas.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

The health department does not give diagnostic service or treatment for handicapped children. This service and treatment is available to the children of Long Beach through the public schools and one of the local hospitals. The most serious physically handicapped children problem is the lack of nursing personnel to tackle the problem and to do the follow-up work brought on by the child health conferences.

DENTAL HEALTH PROBLEMS

The most serious dental problem confronting the health department at present is the need for additional facilities and personnel to initiate a program of preventive and corrective dentistry for indigents. There is also a need for education in the field of dental health. It is proposed to establish a division of preventive dental services, headed by a director and assisted by a dental hygienist. These plans must await construction of the new health center where space will be available to house activities of this program.

OCCUPATIONAL HEALTH PROBLEMS

Industrial hazards should be surveyed at some time in the near future. No program for a study of occupational health has, however, been initiated to this date.

ENVIRONMENTAL SANITATION PROBLEMS

Some of the most serious problems in environmental sanitation are as follows: (1) Harbor pollution and river pollution (Los Angeles River), caused by private boat owners and sea-going vessels, and industrial waste. (2) Sub-standard housing. Some of the Federal projects built during the war now present an environmental sanitation problem. Trailers and old houses on the west side of town account for a large percentage of the sub-standard housing. (3) Garbage disposal problem. (4) The problem of educating food handlers. (5) The problem of smog control.

The City Council is undertaking to strengthen the laws relating to river pollution. Housing inspections are made continuously, and old shacks that have been serving as housing, are being condemned. It has been proposed to construct an incinerator to improve the garbage disposal problem, but no action has been taken yet. The health department works in cooperation with the State Health Department and the County Health Department in an attempt to reduce the problem of smog.

LOS ANGELES CITY HEALTH DEPARTMENT

MATERNAL AND CHILD HEALTH PROBLEMS

The most pressing child health problem is the development of an adequate program for premature care. The plans for the forthcoming year are directed towards meeting this problem more adequately: (1) By assigning medical supervision to maternity homes and hospitals. (2) By providing medical consultation service to maternity homes and hospitals. (3) By giving additional thought to developing a post hospital medical care service.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

The handicapped children's program, now resting in the hands of the Department of Charities, relieves the health department of certain responsibilities, but presents others. It appears that actual medical care is within the province of the Department of Charities, however, case findings and after care follow-up present areas of service for the health department. Case finding can be through the usual channels, clinics and schools, etc. An additional approach can be through area house to house canvass. Follow-up requires public health nursing service for the main part. However, to adequately meet the needs of a rheumatic fever care program, a plan of medical home visitation need be worked out.

ENVIRONMENTAL SANITATION PROBLEMS

From the standpoint of public demand I believe our most serious environmental sanitation problem is fly control. We expect to continue to give guidance to community groups interested in this subject. From the standpoint of actual need it is believed our most serious problem is the expansion of our sanitation program to include coverage of practically all places of employment and parochial schools. Sampling surveys have shown that certain industries are not only in need of very material environmental sanitation improvements from the standpoint of worker protection but they are actually sources of rats, flies and nuisances for the entire neighborhood. A program of sanitation for places of employment is being developed in cooperation with the Department's Industrial Health Division. A program for improved environmental sanitation conditions in parochial schools is being worked out in cooperation with the archdiocese.

LOS ANGELES COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: Our most serious communicable disease problem of late years is poliomyelitis, largely because of the volume of cases. However, in 1948 the problem of selected cases who returned home from the hospital before their quarantine period was over posed many administrative problems, and put an additional strain on available personnel to carry them through. There is apparently no better solution to this problem than the course of action that is now being followed. Recently, two nurses were assigned for epidemiology, an addition that will make for efficiency in the entire communicable disease program, including the poliomyelitis work.

   Our continuing communicable disease problems are those connected with the enteric diseases and the mechanics of following up cases and contacts for diagnostic and release cultures. This is particularly true of typhoid fever cases. In the present 1949-1950 year, the additional epidemiology public health nurses will engage in district staff instruction concerning the management of enteric diseases, and also help personally when an unusually heavy occurrence makes unusual demands on any one district. Additional epidemiological personnel will also help to smooth the handling of many emergency happenings during the year.

2. Chronic Disease: The cardiovascular diseases offer serious chronic disease problems, at least from the standpoint of mortality. We do not contemplate any control program other than continuing the rheumatic fever diagnostic clinics. The most serious chronic disease problem, according to weekly morbidity reports,is that of epilepsy. Probably our only practical approach to this this year will be to make a preliminary study of the statistics available to us.

3. Tuberculosis: The most serious problem for the control of tuberculosis is the shortage of beds. We now have forty cases waiting for beds, some of whom have been waiting three months. Ten of these cases are urgent because of the need for collapse therapy, and there seems to be no means whereby the health department can solve this problem except to continue our plea for more beds.

4. Venereal Disease: Our most serious venereal disease problem is caused by the bizarre geographical jurisdiction boundaries of various health departments in Los Angeles County. This problem can be solved only by cooperation and action of the various political subdivisions. We also feel that the reporting of cases from private physicians could be better. One measure which might help in this respect would be the establishment of a statewide follow-up procedure of all positive serological tests for syphilis and positive gonorrhea laboratory examinations made by all public health department laboratories and such private laboratories as are licensed to do public health work.

MATERNAL AND CHILD HEALTH PROBLEMS

Detailed medical-statistical studies through analysis and interpretation of data available from vital records and morbidity records are greatly needed. The wide variations in stillbirth and infant mortality rates in the thirteen major health districts of the county, as well as in the various communities of each district, present a challenge that needs further study, and such a study should yield profitable material for future planning. We plan such an epidemiological study, using the skills of

the statistician, epidemiologist, obstetrician, pediatrician, public health nurse and medical social worker.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Programs and services of the physically handicapped children in Los Angeles County are under the direction of the Department of Charities. Two rheumatic fever diagnostic clinics were opened by the Los Angeles County Health Department during the past fiscal year. There are no funds for expansion.

DENTAL HEALTH PROBLEMS

The greatest problem of the dental division, at the present time, is to obtain sufficient appropriation of monies in the budget to allow for expansion of the dental staff personnel.

OCCUPATIONAL HEALTH PROBLEMS

Two occupational disease hazards share top billing in our area. They are dermatitis and radiations. Education of management as to the types of dermatitis producers in industry and instruction regarding protective measures are two of our main weapons for the control of this condition. Most of the radiation cases are due to flash burns of the eye from welding operations. Most of these occur in the helpers or passersby. Our current campaign is to acquaint management with this fact so that the proper protective measures may be taken. At the same time we enumerate the recommended precautions for the welders themselves.

ENVIRONMENTAL SANITATION PROBLEMS

Lack of public health education in the field of environmental sanitation. We intend to instigate and actively participate in community sanitation projects. These will include fly control, food sanitation advisory committees, food handlers institutes, formation of sewer districts and garbage disposal districts, and the publishing of a monthly sanitation news letter.

MARIN COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: The most serious problem under this heading is the lack of the availability of hospital beds in the county. This problem will be corrected on the completion of the new district hospital.

2. Chronic Disease: There is no chronic disease program in the health department. There are no definite plans to inaugurate such a program in the fiscal year 1949-50.

3. Tuberculosis: The most serious problem relating to tuberculosis control is the lack of hospital beds in the county for county residents. The health department is working with other agencies in the community toward the solution of this problem which will take some time. Acute tuberculosis cases can use district hospital for surgery; chronic cases same as before.

4. Venereal Disease: The decrease in the number of cases of venereal disease reported raised the question of whether it would not be advisable for the health department to increase its case-finding activities. An institute has been planned by the staff in which this problem will be discussed. The steps the department will take toward the solution of the problem will depend on the recommendations resulting from the institute.

MATERNAL AND CHILD HEALTH PROBLEMS

The most serious and difficult problem related to the maternal and child health program is to interpret the need and the services available through the health department. However, there undoubtedly will be some consideration of this problem as the district hospital facilities grow, possibly about 1951. It should be pointed out that the maternal and infant death rates are low in comparison to California as a whole.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

The most serious problem in this area is the limited nature of the rheumatic fever program. The possibility of obtaining funds through the State Health Department for case finding and diagnostic and treatment facilities will be investigated. With the advent of a visiting staff of specialists in the district hospital, there will probably be a gradual development of crippled children's services therein.

DENTAL HEALTH PROBLEMS

The most serious dental health problem is the difficulty that exists in obtaining dental treatment for persons with low and marginal incomes even on a part pay basis. There are no definite plans as yet to meet this problem.

ENVIRONMENTAL SANITATION PROBLEMS

The most serious environmental sanitation problem is still sewage disposal and control of small water supplies. It is anticipated that in view of the recent changes in State laws delegating more responsibility to the local health department, this field of sanitation activity will require even more attention. Promotion of Public and community sewage disposal projects and routine control of private sewage disposal systems will be continued. Closer supervision of small public water supplies will be attempted.

MARIPOSA COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: Our most serious communicable disease problem has been in getting the diseases reported to the county health department. However, we feel we can now do a much better job of it, as we have arranged with school teachers in each school district to drop us a card letting us know of any communicable disease in their district. In that way, we will be able to catch the majority of the diseases before the disease has become epidemic.

2. Chronic Disease: Chronic diseases are handled largely privately.

3. Tuberculosis: We are just getting started in our tuberculosis program, and we plan to increase our case finding and home visiting this fiscal year.

4. Venereal Disease: Venereal diseases are handled largely privately; there are only rare cases that are done through the health department. The county is so widely scattered and, with only one physician to take care of them, it seems to be the best way to handle them.

MATERNAL AND CHILD HEALTH PROBLEMS

We are just now getting started in a maternal and child health program. Part of the problem is that the county is so widely scattered. While the distance is not so great, a twenty-nine mile drive takes at least an hour. We realize that home visits along that line have been a little below what we would like to do, but we plan to hold at least two medical well baby conferences a year for all infants and preschool children in as many centers as are necessary to contact all the infants and preschool children of the county.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Possible case finding. Now that we are receiving notifications of Mariposa children born outside of our county, we will be able to contact any child with congenital malformations. We have also discussed with school teachers the sort of things to watch for in noticing the child who is handicapped by vision or hearing.

DENTAL HEALTH PROBLEMS

The availability of our dental resources. To persuade the parents that dental care is essential in both preschool and school children. Lack of money for dental fees.

ENVIRONMENTAL SANITATION PROBLEMS

We have a problem of water control in the great number of private water supplies. The Mariposa Public Utilities District is nearing completion and will furnish a public treated supply of water.

MERCED COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: During the past year there has been an exceedingly high prevalence of measles, chickenpox and mumps. However, actually one of the most serious acute communicable disease problems is the reporting of the communicable diseases by the physicians and other members in the community. Reporting of certain diseases such as chickenpox and measles is fair, but the reporting of very prevalent diseases such as influenza syndromes, diarrheas, etc., which at times are in epidemic proportions in the community, is very poor.

2. Tuberculosis: One of the most important tuberculosis problems is the recalcitrant or uncooperative tuberculosis patient. Leaving the hospital, particularly the tuberculosis ward of Merced General Hospital, against medical advice is a frequent occurrence which brings headaches to the health department. Possible methods of solution which should be undertaken during the coming year would include better education of the tuberculous patient in regard to his disease, greater efforts toward rehabilitation of the tuberculous, and efforts designed to increase the quality of medical care available in the above institution.

3. Venereal Disease: One of the most serious of the venereal disease problems is the disease occurring among transients, particularly those on the west side part of the county. Due to problems of transportation and distance, the great majority of such persons have no access to diagnostic or treatment facilities unless they are completely able to pay for it on a private basis. One possible solution to such a problem would be the construction of district health facilities, probably in the city of Los Banos, which is largely the hub of such transient groups. Probably during the coming fiscal year, plans will be definitely developed for the construction of such facilities, and State and Federal funds for health center construction will probably be requested.

MATERNAL AND CHILD HEALTH PROBLEMS

One of the most serious maternal and child health problems from a standpoint of mortality is the problem of the premature infant. Facilities are totally inadequate for the care of such prematures. With the possibility of new hospital construction in the county, it is hoped that better facilities for the care of the premature infant may be developed. Also, working with the County Medical Society, it is hoped that a sound general premature infant program can be developed.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

The most serious problem in relation to the physically handicapped childrens' program, is the problem regarding local administration of such program. The amount of time consumed by professional and clerical personnel in the administration of the crippled childrens' program is excessive. It is hoped that during the following year the bulk of the office procedure and administration of this program can be largely entrusted to an alert and qualified medical clerk. This alone would do much to conserve professional and nursing services.

DENTAL HEALTH PROBLEMS

During the coming fiscal year, it is proposed that a voluntary dental clinic with the cooperation and promotion of the County Dental Society, the Kiwanis Club of Merced, the County Medical Society, the Health Department

and the County Schools Office will be inaugurated. The purpose of such a clinic would consist in giving preventive dental services to selected groups of children. In addition, educational programs in the schools and throughout the community would be expanded.

ENVIRONMENTAL SANITATION PROBLEMS

One of the most serious environmental sanitation problems is the improper method of sewage disposal by overflowing lands and by use of a sewer well, particularly in certain areas of the county. Unfortunately, health department efforts to secure correction of such defects have recently met opposition from certain political groups.

MONTEREY COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

Our most serious problem in regards to communicable disease is the need for an adequate isolation ward in conjunction with the Monterey County Hospital. Plans are being drawn for this addition and it will be started during the next fiscal year.

MATERNAL AND CHILD HEALTH PROBLEMS

Need of more prenatal classes throughout county. The problem is time and lack of personnel. The solution is more public health nurses or less school health work on generalized program. There is a great need of education at large ante-partal clinics held at county hospital. The problem is entire lack of space and often language handicap. The solution is more room. The child health problems are: (1) Need of classes in family living. (2) Need of classes in growth and development of child. (3) Need of classes in nutrition. (4) Often a need of more responsible lay committees for child health conferences. (5) Most Important--more centers in which to hold child health conferences and classes.

DENTAL HEALTH PROBLEMS

As a result of a dental survey on elementary school children which brought out the fact that 95 percent needed dental care, we have this year begun to develop a county-wide dental program in cooperation with the schools and the dental society. Our most serious problem at present is the need for more dentists in order to carry out the dental program. Despite the shortage however, we are proceeding and will begin sometime in October of this year. The program will include examination of first graders and referrals to private dentists and social service. It will expand each year to include the next higher grade.

OCCUPATIONAL HEALTH PROBLEMS

The most serious thing has been a dermitis occurring among people working in the fish canaries.

ENVIRONMENTAL SANITATION PROBLEMS

We consider the most urgent environmental sanitation problem to be that of sewage disposal for heavily populated unincorporated areas. We feel that this is a community problem rather than an individual problem and we are therefore actively sponsoring the formation of sanitary and sanitation districts, the annexation of areas contiguous to cities or districts not already served. During the past year two sanitation districts were formed, two unincorporated areas were annexed to cities and three areas were annexed to existing sanitary districts. It is our belief that this program will continue to be successful and that the end of the fiscal year will see several additional areas sewered and at least one sanitary district formed.

NAPA COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: The most serious problem is lack of isolation hospital facilities locally. We propose to use facilities of adjoining counties until such time as these facilities become available locally.

2. Chronic Disease: The most serious problem is lack of diagnostic clinic services locally. We do not propose any action at this time.

3. Tuberculosis: The most serious problem is lack of a diagnostic clinic. We do not propose any action at this time. We are hoping, however, that a transportable x-ray survey unit will be made available to the health department--and that eventually this will result in a diagnostic clinic.

4. Venereal Disease: The most serious problem is lack of clinic facilities here. We are waiting this one out too.

MATERNAL AND CHILD HEALTH PROBLEMS

The most serious problem is the independent health service maintained by the schools. We propose to start health services in the parochial schools and to start an educational campaign in the community with the object of bringing the schools under the health department.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

The most serious problem is lack of centralized register and coordination of the program. We propose to establish a central register and administer the CCS program in the health department.

DENTAL HEALTH PROBLEMS

The most serious problem is lack of dental care in the pre-school age group. We are trying to interest a local community group in this problem.

OCCUPATIONAL HEALTH PROBLEMS

We do not know. We have no staff to investigate this field.

ENVIRONMENTAL SANITATION PROBLEMS

1. The most serious problem has been in the food sanitation field. Through a series of food handling classes for employees and employers, we hope to bring food handling establishments and methods employed up to an acceptable standard.

2. The problem of sewage and waste disposal has presented some difficulties, however, we believe this will be overcome by the new sewage disposal plant now under construction in the Napa area. The problem will best be met in the rural areas by educating the people involved as to what system is necessary for proper disposal and the potentialities of not having a proper system.

ORANGE COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: The most serious current acute communicable disease problem is poliomyelitis. However, we feel that the annual incidence will not be as high this year as in 1948 and that our present facilities will be sufficient to meet the need. The nursing situation is greatly relaxed, we have more experienced packers and physical therapists and we have a new pediatrics unit which can be opened as an accessory ward for the treatment of poliomyelitis during the peak period which will probably come the latter part of August and throughout September. The feeling is that we will be in a very satisfactory position in that each and every poliomyelitis case through the cooperation which exists between the private physician, the county hospital, the health department, and the local chapter of the National Foundation for Infantile Paralysis, will be able to provide not only satisfactory but optimum care to every victim of poliomyelitis.

2. Chronic Disease: The most serious chronic disease problems are the care of the disabled cardiacs and the terminal malignancy cases. Two years ago this department, in cooperation with the Red Cross and other interested agencies, including the Orange County Medical Association and the Orange County Osteopathic Association, set up the Visiting Nurse Association of Orange County, staffed it with nurses, and picked up the program which was being dropped by the Red Cross. The health department provided and still provides the supervision to the program, paying the salary of the supervisor and director as well as her transportation. Last year the Visiting Nurse Association was taken over by all of the Community Chests of the county and is now operating as a Community Chest agency. However, the financing from this source has not been adequate and the financial reserve which the association had on entering the Chest is being reduced to dangerously low limits this year. The program, likewise, is expanding, the use for it by the profession and by the public is increasing steadily, with the result that the staff now has seven field nurses in addition to the director and one clerical person. It appears probable that the Community Chest will not be able to increase their allotments to this agency this year; in fact, they will do quite well to equal the contribution made in 1948. Consequently, the Visiting Nurse Association will probably have to make other arrangements for financing before another year goes by. Preliminary discussions have been held with various agencies and foundations and there is some reason to believe that they will participate in the financing of the Visiting Nurse Association in the future.

   Rheumatic fever, either through an increased awareness by the profession or because there is actually a greater number of cases, is increasing rapidly in this area. The problem of establishing a rheumatic fever committee with study units and a few beds for the study of patients is being undertaken by the health department, the county hospital, and the pediatricians and the cardiologists.

3. Tuberculosis: The problems surrounding the control and treatment of tuberculosis have been very largely resolved. The staff and facilities of the health department are adequate, whereas the hospital bed facilities are still somewhat less than is needed. However, two additional air base hospital buildings are being refinished for this use. It is expected that they will be ready for occupancy by September 15. In that event, the county will have about 160 to 170 acceptable beds for tuberculosis care

which will give the area a ratio of 4 to 5 beds for each annual death. The tuberculosis pavilion has a capable medical director but is short of nursing. This forces us to place all acute tuberculosis and those requiring streptomycin therapy on the communicable disease unit, since the tuberculosis hospital is not staffed around the clock with registered nurses. It is hoped and expected that we will be able to correct this deficiency within the next year.

4. Venereal Diseases: The V.D. control division in the health department is integrated with the communicable disease control division. Venereal disease is not a large problem in this area, the reporting is improving steadily, and adequate treatment is available to all. The physicians are very cooperative and are turning constantly to the C.D. control officer for consultations and advice about the diagnosis and the treatment of the various venereal diseases. The relationship with the profession is excellent, and we have every reason to believe that a satisfactory and comprehensive job is being done.

5. Hospital Facilities: Every effort is being made between cooperating agencies to stretch the available hospital beds to meet the need for these facilities in this area. Such adjuncts as the Visiting Nurse Association has enabled us to utilize the available beds to a much greater extent. However, there remains and will always be a number of patients to whom a hospital bed is an absolute necessity. Orange County has increased 46% in population since 1940. When we realize that prior to 1940 and as of 1940 we did not have enough general hospital beds, it is obvious that our present situation is much more critical. A rather large percent of the available acute medical and surgical beds are seriously sub-standard. However, that problem has to be disregarded under the present circumstances and every bed of whatever quality must be utilized. It is still true that the halls are filled frequently and that patients have to be denied the use of a hospital bed and that elective operations have to be postponed sometimes as many as three times. Orange County now has 2.2 beds per thousand population. However, the lower half of the county in which more than one-third of the population resides has no hospital beds in it and has only .84 beds per thousand population available to it. This area is the most rapidly growing section of the county, so the situation is becoming more critical all the time. It is the duty of the responsible officials and of the leading citizens of the community to anticipate and meet this problem as soon as it is possible. The Presbyterian Hospital Project has raised and has on hand approximately $600,000 which was raised by public subscription, and plans to raise an additional $150,000 this year by public appeal. With this money plus a federal allocation of the proper percentage it is expected that a hospital of about 80 beds can be constructed in the area which now lacks this facility. This problem and the sanitation program mentioned elsewhere are the two single greatest, most pressing, public health needs of Orange County today.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

At present our most serious handicapped children's problem is that of the care of the convalescent poliomyelitis case. The local facilities available to these children are at present fairly adequate. However, the cumulative load of disabilities and corrections and appliances, etc., will probably exceed the ability of the local chapter of the National Foundation for Infantile Paralysis to provide. The rest of the handicapped children's program is functioning adequately, the health department's crippled child-

ren's division is adequately staffed, and satisfactory arrangements are being made for the correction of all defects. The defects noted on birth certificates are being followed up by the district public health nurses, contacts are being made and arrangements are being made for diagnosis and correction. We are current in our crippled children's case load and there is no back-log of uncorrected defects.

The hearing testing program has been set up in the schools and the clinics which are operated by the health department with the ear specialist being paid by the Crippled Children's Service of the State is working satisfactorily. Within the last year, approximately 350 children went through this clinic, many of whom received various treatments designed to improve or correct their hearing defect.

DENTAL HEALTH PROBLEMS

A comprehensive dental education program has made some progress within the last year. Two large school districts have adopted the Dental Society program similar to that conducted in Long Beach. However, a great deal more public education must be done if the public is to realize that dental caries is now epidemic and has now passed the point where it is possible for all of the available dentists in the United States to fill all of the cavities which now exist, and that a comprehensive educational and dietetic program must be established if the problem is to be met on a constructive basis. During the year, a number of appearances have been scheduled by this department for dentists representing the dental health committee of the Dental Society. From these have come all of the progress which has been made in the last year. It is expected that we shall continue this program with the Dental Society in getting their message over to the public.

OCCUPATIONAL HEALTH PROBLEMS

During the past and at present, tuberculosis among agricultural workers has been our greatest occupational hazard numerically. However, the tuberculosis control program has progressed to the point where tuberculosis is a much less likely possibility. The mobile x-ray unit of the State Tuberculosis Association is being used periodically to screen migrant workers and citrus workers in the county. This department cooperates with the local association in processing these films, usually reading all of them and doing all of the follow-up on the suspected pathology.

Another occupational problem in migratory camps which has proved to be a serious and occasionally spectacular problem is food sanitation. This county recently had an outbreak of salmonella food poisoning which exceeded 200 cases in 750 men in less than twenty-four hours. This obviously created an acute medical emergency and a serious public health problem. This department is now contributing a rather large proportion of sanitation time to directing and supervising the food sanitation of these migratory camps. The health department is continuing its follow-up of pottery workers who showed excessive lead urine concentrations and those who were suspected of having excessive silica exposure in the various potteries of the county. There are about 60 of these, employing about, at their peak, 800 to 900 persons. This is a somewhat seasonal operation and consequently it is difficult to follow the workers with any continuity. However, some satisfactory work has been done and excellent cooperation has been obtained from the large majority of the pottery owners. In this program, we have had the cooperation of the Bureau of Adult Health of the State Department of Public Health.

The rapid growth of this area has brought to Orange County a large number of small industrial plants. In general, most of these plants are too small to afford a comprehensive industrial health program. We have the feeling that this need will be met in part by increasing the industrial hygiene activities of the health department and by establishing some agency which is industry financed which can supply industrial health services to the various plants on a part-time basis. This is an evolution, the signs of which are beginning to appear. It will undoubtedly require additional personnel of different background and training in the health department.

ENVIRONMENTAL SANITATION PROBLEMS

The environmental sanitation problems of Orange County are those indigenous to a rapidly growing area. The major problem at present is the efforts which are being made to get the sanitation districts program started and construction authorized on the additional facilities which include a 7,000 foot ocean outfall, increased treatment plant facilities, and large collection trunks to the various districts. The people have voted the money, $8,308,000, for the first units and have authorized the sanitation districts to go ahead. They are at present stalemated over certain political considerations, such as who shall be the engineer and a number of other personal problems. Just yesterday, some progress, I believe, was made when the senior engineer, Mr. J. A. Harmon, and myself appeared before an informal meeting of representatives of the various sanitation districts at Newport Beach. This meeting was called by the local newspaper that sees the problem and is anxious to facilitate the progress of the program. Every indication is now that they will resolve their differences and get started with the program. However, the delay has been unfortunate because the construction work which can only be done in the summer months in the flat lands along the coast will now have to be delayed until the next summer which means that the district will have to continue its intensive chlorination program to protect the beach from pollution for at least another year.

PASADENA CITY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Chronic Disease: Significant cardiac abnormalities are being noted in mass chest x-ray studies. Regularly scheduled tumor clinics are being held at the Huntington Memorial Hospital and the Pasadena Dispensary.

2. Tuberculosis: There is still need for more satisfactory hospitalization of active cases of tuberculosis. A year ago there were 60 patients isolated at home; today there are 42. Our clinic facilities are very satisfactory, and the mass x-ray survey is progressing. During the current year, we anticipate routine chest x-rays of hospital admissions.

3. Venereal Disease: The venereal disease trend is downward, however, continued emphasis of the program is indicated. 9,500 blood specimens were examined in the health department laboratory during 1948. The use of procaine penicillin on the State rapid treatment schedule for syphilis and the penicillin treatment of gonorrhea will be continued at the city clinics.

MATERNAL AND CHILD HEALTH PROBLEMS

Currently there is an increased registration in our prenatal, infant welfare and child hygiene conferences. An additional public health nurse and an additional clerk for the nursing division have just been provided for in the adopted budget for 1949-1950. Of the resident births in 1948, 98.5% were hospital deliveries. The past year has witnessed improved reporting by the hospitals of suspected communicable disease cases, particularly when the question of epidemic diarrhea of the newborn is raised.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

There is need for improved reporting of physically handicapped children. The educational approach will be extended. The provision at the Roosevelt School for the diagnosis and treatment of cerebral palsy cases and physically handicapped children will be continued.

DENTAL HEALTH PROBLEMS

There is need to extend all dental services, particularly to initiate clinic services for preschool children. The present city clinics located at the McKinley School and the Pasadena Dispensary, will provide more services when additional professional "man-power" is available. A series of conferences with the officers of the local Dental Society relative to this problem are in progress.

OCCUPATIONAL HEALTH PROBLEMS

Although Pasadena is essentially a residential city, there are a number of small industries in this area. The recently organized Industrial Section of the Pasadena District Chapter of the National Safety Council has scheduled a course of instruction for the coming year for safety engineers and plant managers. The health officer is a member of the Board of Control of the Safety Council.

PLACER COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: The most serious communicable disease problem appears to be the inadequate immunization of the school children. A survey was made last year indicating that up to 40 percent of the school children under ten years of age had not been previously immunized. During the next year we intend to continue our intensive immunization programs both in the school and pre-school population.

2. Tuberculosis: Our most serious tuberculosis problem is what to do with our active cases who will not be accepted at Weimar, or who will not stay there when sent. Until the State establishes hospitalization facilities where these patients will be accepted and kept until no longer infectious, we will be unable to do much with this problem.

3. Venereal Disease: Our greatest problem in venereal disease control is the presence of a house of prostitution in Roseville. We will continue to follow up contacts and attempt to get the sources of infection under treatment, and, through the District Attorney, continue our efforts to have this place closed.

MATERNAL AND CHILD HEALTH PROBLEMS

Seven child health conferences have been organized since this department was organized last November, 1948. At present our most difficult problem is lack of personnel to do the follow-up work in connection with the conferences. Much home visiting needs to be done in order to keep the conferences going. Home calls need to be made on children who have been examined in the conferences in order to enlarge and emphasize the instructions given to mother. We hope that, with the addition of nursing personnel, more follow-up work can be done. When we have a larger staff, classes in maternal health will be held. It is impossible to do this with only one nurse on the staff. The quarters we now have are not adequate for class work.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

In 1949-50 we are to have two crippled children clinics instead of one as we have had in the past. It seems that our most serious difficulty is lack of sufficient funds to care for all of the children that the five public health nurses in the county are finding and will find in the next year.

ENVIRONMENTAL SANITATION PROBLEMS

The most serious problem for the fiscal year 1949-50 is one of controlling promiscuous dumping of garbage and refuse along highways and roadways between and off main highways. Also to locate and purchase property for proper disposal of garbage, refuse, and effluent from septic tank pumping equipment. We propose to correct these conditions by: (1) Locating suitable areas for dumping and arranginig for county purchase or lease of the land and the cost of maintenance. (2) Posting of old dumping areas and vigilant control of areas with subsequent prosecution of violators and publicity to that effect. (3) Adoption of county ordinance and strict enforcement of local city ordinance regulating garbage and refuse.

RICHMOND CITY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: We have no particular acute communicable disease problem at this time except a fairly high incidence of poliomyelitis during the last year and the present year. Communicable diseases that are preventable by immunizations, such as diphtheria, whooping cough, and smallpox are at an all time low in this community.

2. Chronic Disease: We have no chronic disease program formally organized as such and our activities in this field are mainly those of public health nursing visits under adult health supervision.

3. Tuberculosis and Venereal Disease: The tuberculosis control program and venereal disease control program present no particular difficulties as far as the operating program and present status, except that our personnel is not adequate, particularly in the public health nursing field to do justice to all the programs that we are attempting to carry. In addition to the fact that we do not have a sufficient number of budgeted positions, we are presently handicapped by not even having all these positions filled.

MATERNAL AND CHILD HEALTH PROBLEMS

According to the vital records, our most serious problem in this field is the relatively high number of deaths due to neonatal injuries. We hope that this situation will be improved through (1) expansion of the prenatal classes, (2) supplying of information to the practicing physicians regarding this problem, (3) urging earlier medical care during pregnancy, and (4) on a long range basis, through improvement in increase in hospital facilities by the construction of a district hospital. In the child health conference field, we have a very active program, but the demands for this type of service are greater than it is possible for us to meet with our present medical and nursing personnel.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Our physically handicapped children's program is very active and complete, except that there is confusion regarding the program for children with hearing defects. During this coming year we propose to arrange conferences with State Department personnel in an attempt to improve this program. Also the program for children with cerebral palsy is handicapped by the lack of a second physical therapist to provide treatment for these children in our local school and treatment center.

DENTAL HEALTH PROBLEMS

Since our dental program in the health department is practically nonexistant, we are not in a position to outline our main problems nor propose any solutions.

OCCUPATIONAL HEALTH PROBLEMS

Since our occupational health program in the health department is practically non-existant, we are not in a position to outline our main problems nor propose any solutions.

ENVIRONMENTAL SANITATION PROBLEMS

Our biggest problem in the field of sanitation is the presence in our city of over 16,000 Federal housing units which are temporary in nature and substandard as far as our housing regulations are concerned. This problem

is a major one as far as the whole community is concerned and steps are being taken by the City Council and City Manager in cooperation with Federal authorities to work out some solution. It is hoped that a redevelopment program will be undertaken during this year and that a permanent type of Federal low-cost housing will be arranged for.

Sewage disposal is one of our other problems in this city. As you know, raw sewage is discharged directly into San Francisco bay. Plans for the obtaining of a treatment and disposal plant apparently have slowed down considerably and I presume further action will await developments under the new legislation that was passed this year at Sacramento.

RIVERSIDE COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable disease: Polio. Notifying public health nurse by telephone.

2. Chronic Disease: Diabetis. No guide for public health nursing service to assist families. Rheumatic Fever. No cardiac-children guide yet.

3. Tuberculosis: No guide or help for mobile x-ray unit to x-ray adults or age groups where most often found in early stages.

4. Venereal Disease: Referrals by telephone in time for follow-up to get patient back to clinic in time to complete penicillin treatment.

MATERNAL AND CHILD HEALTH PROBLEMS

1. Need increased services for expectant mothers, especially a direct payment plan to local physicians and hospitals in districts remote from the County Hospital as was in operation by the county before the war; increased clinics and prenatal classes, the former needed only if direct payment plans to doctors and hospitals do not materialize; prenatal classes in the various health centers can probably be increased.

2. Need increased facilities and medical personnel for school health examinations by health department personnel. In child health conferences, chief problem is over population. Need one additional public health trained pediatrician full-time, or part-time services of a pediatrician. Trained assistant health officer would make possible enlarging the child health conference schedule and allow adding more new centers and reducing crowding in existant ones.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Delayed transcription of crippled children clinic reports and delayed mailing of authorizations, notice of appointments, etc., to public health nurse, hospital, etc. We need more secretarial assistance and/or a change in personnel.

DENTAL HEALTH PROBLEMS

Seven of ten districts known to have dental surveys. The P.T.A. has assisted with arrangements for financial aid to provide corrective work. In most districts, the children must wait weeks or even months for appointments with dentists for corrective work. Urging Dental Society to encourage more dentists to come to Riverside County.

ENVIRONMENTAL SANITATION PROBLEMS

1. Prevention of water contamination and control of sewage disposal. This is dependent upon adequate county legislation, or coordination of pending State legislation, to be effective.

2. Enforcement of public health and sanitation laws upon Indian lands--dependent on above legislation.

3. A decrease in rabies control is anticipated due to the licensing ordinance and reduction of strays.

SACRAMENTO CITY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: There is a relatively high incidence of acute communicable diseases among the mixed racial, low income population concentrated in the west end of the city. We plan to increase appropriate public health services in this area. We are participating in the plans of the local community group working towards specific betterment for this area. We have encouraged a slum clearance program, a survey for which is now under way.

2. Chronic Disease: There is a relatively high incidence of chronic disease among the middle aged and elderly people in this low income area. Through our educational public health nursing, and clinic activities, we make known to these groups the facilities of the community for diagnosis, treatment, and rehabilitation.

3. Tuberculosis: There is a high incidence of tuberculosis in this low income area. We have employed a public health trained physician, who will devote the greater part of his time to tuberculosis control activities, including coordinating a more intensive effort on the part of the various divisions of the health department and the interested community groups. A mass survey in the area of highest incidence, sponsored by the health department, the Tuberculosis Association, and the Neighborhood Council, will take place during August, 1949.

4. Venereal Disease: The most serious problem arises from the relatively high incidence centered in the lower commercial area of the city, with its cheap lodging houses, hotels, and migratory labor hiring halls. We plan to strengthen our program through increased case finding, diagnosis, treatment, and follow-up.

MATERNAL AND CHILD HEALTH PROBLEMS

The most serious problem arises from the low standard of living in the low income groups centered largely in the west end of the city. A very desirable basic approach in which the health department is cooperating is a housing survey in this area preparatory to a future slums clearance program. We plan to increase our activities generally in maternal and child hygiene in this area, including a weekly child health conference.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Low-to-middle income families are unable to meet these problems within their own resources. We are gradually strengthening our facilities for case finding, diagnosis, treatment, rehabilitation.

DENTAL HEALTH PROBLEMS

Low income groups in the community cannot afford adequate private care for their dental needs. We plan to continue our dental program offering preventive and corrective services to pre-school and school children in the low income groups.

OCCUPATIONAL HEALTH PROBLEMS

Sacramento, not a city of too many industries, has no multitude of occupational diseases or hazards, although a survey of such occupations disease hazards as do exist in the small industrial portion of the city is scheduled for the coming year and will be made through the sanitation section.

ENVIRONMENTAL SANITATION PROBLEMS

Sub-standard housing is one of the most serious environmental sanitation problems which we are attempting to correct by more understanding cooperation with landlords and tenants and through a permit system which will prevent the re-renting of any unit after it has been placed in an unsanitary status. The lack of a public health training program for food handlers has retarded what would otherwise have been a satisfactory inspection service of food handling establishments. The lack of safety controls where sub-standard gas installations, heating and venting systems, and structural features that result in hazards inside the home or institutions will receive attention.

SACRAMENTO COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: The most serious problem results from the low economic status of a large part of the county population. Many of these people have recently arrived in the area, living under conditions of crowding, poor nutrition, inferior sanitation, etc., all conducive to the spread of disease. We plan, within our resources, by means of public education, a school health program including immunization against smallpox and diphtheria, child health clinics, public health nursing and environmental sanitation activities, etc., to do what we can towards lowering the incidence of acute communicable disease.

2. Chronic Disease: Our resources at this time do not enable us to carry on a formal chronic disease program, although we are working in cooperation with other community agencies including the County Hospital. We refer many people for diagnosis, treatment and rehabilitation.

3. Tuberculosis: In the control of tuberculosis we plan to continue to develop and strengthen our present program. A tuberculosis case register under administration of the health department is now complete and functioning. The augmented Sacramento City program will aid, especially by providing greater facilities for case findings, diagnosis, and clinic treatment.

4. Venereal Disease: The problem in venereal disease control is accentuated at this time by the relatively large number of unemployed itinerant workers in the county, who ordinarily are now working crops. In venereal disease control we are continuing all present activities, working closely with the Sacramento City venereal disease control clinic.

MATERNAL AND CHILD HEALTH PROBLEMS

The most serious problem remains the low economic status of a substantial portion of the rural population. Many of these are young adults with increasing families, who are largely unable to provide maternal and child health care out of their limited resources. We plan, as our small staff permits, to place greater emphasis on maternal and child hygiene services through medium of schools, child health conferences, and other specialized activities.

DENTAL HEALTH PROBLEMS

The most serious problem is the great need for dental care among low income families unable to provide for private care. The modest county program is under administration of the County Hospital. We have a single dental health clinic in one rural community. If we can find additional rural dentists interested, we will increase the number of our clinics.

OCCUPATIONAL HEALTH PROBLEMS

We do not have personnel or facilities at this time for an occupational health program. Our activities are limited largely to correction of basic sanitation problems in industrial plants. We refer specific problems to qualified State agencies.

ENVIRONMENTAL SANITATION PROBLEMS

The most serious environmental sanitation problem continues to be the improper disposal of sewage in the suburban areas of the county. The problem is now being met by the formation of sanitary districts with modern sanitary sewers. We are continuing to encourage the sewering of the entire metropolitan district.

SAN BENITO COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: The most serious problem is the lack of interest of private physicians.

2. Chronic Disease: The most serious problems are: (1) Lack of interest of physicians and community leaders, (2) lack of case finding facilities, and (3) lack of adequate housing facilities for clinics.

3. Tuberculosis: The most serious problems are: (1) Maintaining community interest in tuberculosis control and (2) local physicians do not use tuberculosis specialist consultation service which is now offered by the health department.

4. Venereal Disease: The most serious problems are: (1) Lack of adequate housing facilities for our clinic patients (at present NO privacy for interviewing) and (2) lack of interest in local physicians and community leaders regarding this problem.

In 1949-1950 we propose to work with health council for better housing facilities for health department services. Our goal is a health center. We also propose to continue to interest doctors and community leaders in above problems.

MATERNAL AND CHILD HEALTH PROBLEMS

Our most serious maternal and child health problem is lack of "real" interest and "complete" cooperation of local doctors. We propose to offer "mothers" and "fathers" classes in spite of local doctors attitude. These may be offered as adult education courses through the high school. We also propose to include more sex education in courses offered in high school and junior college (Biology, Physiology, Anatomy, Health Science, etc.) and to increase facilities for school health examinations.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Our most serious physically handicapped problems are (1) Lack of diagnostic and treatment facilities for rheumatic fever, and (2) lack of interest of local physicians and community in rehabilitation facilities for physically handicapped. We propose for 1949-1950 to: (1) Encourage better reporting of physically handicapped, (2) help to arrange for better educational facilities for physically handicapped, and (3) try to arouse more community interest in this service through the Crippled Children's Service.

DENTAL HEALTH PROBLEMS

Our most serious dental health problems are: (1) Need for free or part-pay clinics for those unable to pay for care, and (2) lack of interest of Dental Society, especially for those needing free or part-pay service. A fund of $2,000 raised by the local Crippled Childrens Society will be used for corrective dental care of school children unable to pay for this service.

ENVIRONMENTAL SANITATION PROBLEMS

Our most serious problems are: (1) Sub-standard rental housing in incorporated and rural areas, and (2) private sewage and waste disposal. Local registration governing housing and waste disposal is to be submitted to Board of Supervisors to cover rural areas. Ordinances regulating housing and waste disposal have been passed in the incorporated areas.

SAN BERNARDINO CITY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Chronic Disease: Application has been made to the State for funds for heart disease and cancer control. It is hoped that this will allow for additional public health nurses and an additional clerk on our staff.

2. Tuberculosis: There is lack of bed space for T.B. cases. The new building at the San Bernardino County Hospital will alleviate this somewhat.

3. Venereal Disease: The V.D. Program is carried out through a contract with the local V.D. Clinic.

MATERNAL AND CHILD HEALTH PROBLEMS

Need additional conferences.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Convalescent homes needed for the physically handicapped children who cannot be cared for in the home. Problem seems unsurmountable at present.

DENTAL HEALTH PROBLEMS

Disinclination of dentists to bother with preschool children. Only one dentist is supplying such service on a clinic basis at present.

ENVIRONMENTAL SANITATION PROBLEMS

Would not state that we have any particularly serious environmental sanitation problems, but are working toward improvement of garbage and trash disposal, sewage disposal and restaurant sanitation. Our Board of Health is recommending a complete re-organization of our garbage and refuse disposal system with the incorporation of a "sanitary fill". In our sewage disposal system, there is planned the installation of larger and additional trunk-lines and steps are being taken to extend sewage line coverage to all localities within the city. Our restaurant program is a large one, especially with an under-manned sanitation division. We expect by the end of the year to have raised the standards up to what we desire. We have inaugurated our food-handlers training program, instituted weekly "rim count" checks along with stepped-up inspection and educational work in the field.

SAN BERNARDINO COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: The most serious problem is diarrhea of children under two. We propose: (1) Promotion of better housing; (2)Teaching home sanitation at child health conferences; (3) Participation in insect control activities; (4) Urging earlier care and hospitalization of diarrhea cases.

2. Chronic Disease: The most serious problem is heart disease. We propose: (1) Study of the feasability of a heart clinic; (2) Cooperation with State Health Department and private physicians in planning for a more adequate rheumatic heart disease clinic; (3) Home nursing demonstration and instruction by health department nurses.

3. Tuberculosis: The most serious tuberculosis problem is hospital beds. It is now being remedied, in part, by the construction of a tuberculosis hospital. Plans include efforts to be exerted toward retaining present ward to accomodate convalescent patients.

4. Venereal Disease: Lack of reporting, follow-up and epidemiology by private physicians is the most serious problem. We propose personal visitation and a manual.

MATERNAL AND CHILD HEALTH PROBLEMS

Classes for expectant parents that would include training in the principles of physical and mental health for children. By starting training before baby comes, many hazards to health can be prevented. Adequate preschool dental clinics which include teaching aids to minimize future dental trouble. Psychiatric clinics with play therapy facilities for children with severe emotional problems, and parent group psychiatric services. More nursery schools conducted by trained personnel. More effective ways to make the child health conference a means of education.

Suggestions for solving of the foregoing problems: (1) Get all information possible on prenatal classes that are being successfully conducted elsewhere by correspondence, visits to classes and interview with those in charge of service. (2) Pool ideas from various places with the medical director, health educator, interested nurses, etc. These interested staff members are to name key people who might serve on a committee. Staff members will then be assigned certain key people to interview so they will be sympathetic with our problem, and interested enough to attend a committee to formulate plans for prenatal classes in San Bernardino County. (3) The committee will then draw up plans for the location of classes, time, personnel help, means of publicizing, topics to be included and methods of presentation. Perhaps from the large committee could be organized buz sessions where small groups discuss various assigned topics listed above.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Cost accounting and securing adequate financial support to meet all needs. Solution: More adequate appraisal of parent or guardian's ability to pay toward rehabilitation. Wider search for sponsoring individuals, agents and organizations. Better screening of patients admitted to clinic.

DENTAL HEALTH PROBLEMS

Provision of dental service to school-age children. It is proposed to encourage: (1) Active consideration of this problem by the dentists. (2) Clinic sponsorship by P.T.A. and other groups interested in childrens problems. (3) Parental concern with their childrens dental defects. (4) Governmental interest in the long-range solution of this universal problem.

OCCUPATIONAL HEALTH PROBLEMS

Not known. We intend to study the problem using State industrial hygiene reports and other statistics and reports available.

ENVIRONMENTAL SANITATION PROBLEMS

Securing adequately trained personnel is the problem. The search will be continued through usual channels. The aspect of sanitation most in need of more emphasis is probably small water supplies. It is proposed to develop a program to check more fully on these.

SAN DIEGO CITY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: The most acute communicable disease problem is poliomyelitis. The obvious inability to tackle this problem on a sound scientific basis at present makes it unnecessary to discuss it further. The next most acute communicable disease problem is the collection and analysis of morbidity and mortality data in a less cumbersome and more available manner. A sample system has been set up for polio. It works simply, has a very complete yet easily understandable format and will shortly be adopted for all communicable diseases.

2. Tuberculosis: The most urgent problem confronting us in our local tuberculosis control program is the lack of adequate public health nursing supervision of the known active cases of tuberculosis in their homes. It has been pointed out from a study of reports based on 1948 that approximately 6% of our nursing time is devoted to tuberculosis and approximately 14% of our nursing time to other communicable diseases. A comparison of mortalities in 1948 revealed that there were 100 tuberculosis deaths compared to 82 from all other communicable diseases. Twenty (20) of these 82 deaths were attributed to syphilis. It is contemplated that a supervising nurse will be assigned full-time to tuberculosis control. She will be responsible for the nursing adequacy of the program and to see that all case and contact work is up-to-date. In our case-finding activities there is great need for a better system of evaluating our case-finding program by better records and an efficient, accurate method of analysis that should help us direct our case-finding efforts to the areas most productive of results. We are engaged at this time in a careful study of the problem and expect to have adequate machinery in effect in the near future.

3. Venereal Disease: San Diego's major problem in the control of venereal disease is lack of education, particularly among recalcitrants and recidivists who collectively are mainly responsible for the continued dissemination of venereal disease. All known methods of instilling basic venereal disease knowledge are employed, and it is hoped that continued repetition will eventually accomplish our aim.

MATERNAL AND CHILD HEALTH PROBLEMS

1. Prematurity: It is necessary to be constantly on the alert in care of the premature child. Great diligence will be exercised in searching our records for evidences of prematurity in unidentified cases (birth certificates) and through the nurse councilor services to each hospital. In this situation the nurse is vigilant in her interest in the nursery care of these physically immature babies. Literature and study on this subject is kept up to date and is carefully perused. Consultation with a pediatric and obstetric board will be continued in an effort to pool all information on the subject and strive toward the ultimate reduction of our infant mortality by decreasing the number of premature births and subsequent deaths.

2. Breast Feeding: For a number of years breast feeding has been discarded in favor of bottle feeding. The medical profession agrees that breast feeding is one of the important factors in reducing infant deaths and promoting a feeling of contentment and security in the very young child. Breast milk is not a mistake of nature to be corrected by drying up the supply and providing artificial formulae. It is a natural food for the child. We consider it good judgment to encourage breast feeding. In the

interest of this project lectures on the subject will be given at our prenatal classes and to hospital nursing staffs. It will be discussed at meetings with the obstetric and pediatric specialists and a health education program geared to the public conscience will be launched.

3. School Health Council for Parochial Schools: Through formation of a school health council for parochial schools, we hope to work out: (1) A better understanding of the needs of teacher participation in health activities. (2) Standards for medical examinations. (3) Assist in planning in-service education in health teaching for school personnel.

DENTAL HEALTH PROBLEMS

Clinic prenatal cases are referred to the dental clinic and Neighborhood House. Through the formation of a health council, we hope to obtain dental corrections for the children in the parochial schools.

ENVIRONMENTAL SANITATION PROBLEMS

Housing and school sanitation inspections, restaurants and other food handling establishments will suffer small amount of decrease owing to the fact that present budget compelled us to remove two sanitarians from this field, one formerly assigned to food handling places and one formerly assigned to housing inspection. We will carry on an intensive effort in these two activities but without personnel we cannot secure as many corrections as if we had been permitted to retain these men.

SAN DIEGO COUNTY HEALTH DEPARTMENT

MATERNAL AND CHILD HEALTH PROBLEMS

1. Prematurity: It is necessary to be constantly on the alert in care of the premature child. Great diligence will be exercised in searching our records for evidences of prematurity in unidentified cases (birth certificates) and through the nurse councilor services to each hospital. In this situation the nurse is vigilant in her interest in the nursery care of these physically immature babies. Literature and study on this subject is kept up to date and is carefully perused. Consultation with a pediatric and obstetric board will be continued in an effort to pool all information on the subject and strive toward the ultimate reduction of our infant mortality by decreasing the number of premature births and subsequent deaths.

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ENVIRONMENTAL SANITATION

In the months of May and June of this year there was a rather heavy concentration of mosquitos in the sloughs and lagoons in the northern coastal area of the county. In the Del Mar-Encinitas-Carlsbad area there was an outbreak of Myxomatosis which is attributed to the mosquito. By diligent operation with two newly acquired pieces of power spraying equipment (one portable power spraying unit and one Dodge power wagon expecially designed for mosquito control work), the department was able to curb this outbreak to a considerable degree. It is planned to acquire in the 1949-1950 fiscal year a 12' or 15' flat bottom boat with an outboard motor, which will enable the Rodent and Mosquito Control Unit to effectively carry out spraying operations in the sloughs and lagoons that will prevent the outbreak of a mosquito epidemic in as great a proportion as this year. The portable sprayer will be utilized in the boat, and a trailer will be provided that will enable easy handling of this boat in all areas of the county.

SAN FRANCISCO CITY AND COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: Our most serious problems are poliomyelitis and diphtheria. With the poliomyelitis incidence reaching epiedmic proportions last year and showing a high incidence this year, additional efforts are contemplated toward: (1) Contracted epidemiological studies of each case and contact. (2) More rigid quarantine and isolation procedures on cases and contacts. (3) Additional cooperation among private physicians toward early diagnosis, treatment and hospitalization. (4) Continuous study evaluation of all scientific public health procedures. Since the sharp increase in the incidence of diptheria last year, increased efforts to control it by: (1) Group conference and discussion with participation by representatives of pediatric academy, university staff, laberatory research investigators, clinicians and health officials. (2) Accelerated immunization program in pre-school and school groups. (3) Urging re-immunization in selected groups. (4) Intensified epidemiological study of cases and contacts. (5) Urge cooperation of private physicians in early diagnosis and treatment.

2. Chronic Disease: Our most serious problems are cancer and heart. Cancer--additional effort contemplated by obtaining Federal funds. Heart--new program to be initiated in cooperation with the Heart Association, utilizing Federal funds.

3. Tuberculosis: With increased case-finding program producing more and more results the shortage of tuberculosis hospital facilities has become acute. Every effort is being made toward obtaining more beds and emphasizing possible home care under adequate supervision.

4. Venereal Disease: The Division of Venereal Diseases is engaged in a United States Public Health Service educational and case-finding program. This will include city-wide publicity consisting of the use of street car and bus advertising and roadside billboards. Other prominent educational media will also be included in this project.

MATERNAL AND CHILD HEALTH PROBLEMS

The most serious maternal and child health problem in the Bureau of Public Health Nursing of the San Francisco Department of Public Health is the status of the maternity clinic at San Francisco Hospital. Over 100 pregnant women are seen there every Tuesday and Thursday morning. Many patients wait for two hours, have a hurried moment at the physician's desk so the blood pressure can be taken, and are told to return on a certain date. There is not sufficient personnel so each patient can be interviewed properly, nor is there time for the average questions of a maternity patient to be asked and answered. Steps have been taken to correct this problem but there is still not enough public health nursing service available to carry out all that was proposed at the beginning of the fiscal year. One additional public health nurse has been assigned to the maternity clinic at San Francisco Hospital. She is giving group talks in the waiting room. She tries to answer questions that are of general interest and arranges for private interviews as indicated. It is planned that she notify the public health nurse in the field when more detailed instruction or consultation is needed by a client.

Better service could be given in the maternal and child health program if sufficient personnel were available so that needed public health nurses could be assigned there. The people in the low economic groups find their economic level decreasing at the present time, and it is anticipated that

the number of registrants in the maternity clinic at San Francisco Hospital will increase.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

1. The most serious physical handicapped problems are the problems of rheumatic fever and rheumatic heart disease. Although diagnostic facilities have increased markedly in the past year, care and treatment of children with this disease are still inadequate. During the fiscal year it is hoped (1) to cooperate in a home care service for rheumatic fever children including nursing care, physiotherapy, occupational therapy, home teacher service, laboratory service including electrocardiography, blood count and urinalysis and also including regular visits by a visiting physician; (2) to utilize San Francisco's share of recently approved appropriation of $500,000 for the care and treatment of children with rheumatic fever and rheumatic heart disease in hospitals and convalescent facilities now available; (3) to stimulate voluntary agencies to continue efforts in the establishment of a rheumatic fever hospital in the city of San Francisco.

2. An increasing number of children with a post-polio condition are being reported to be in need of further care by private physicians and community agencies. These children are reported to be ineligible for further care from the local chapter of the National Foundation of Poliomyelitis. There appears to be a serious lack of coordinated follow-up care for these children after the initial care has been received. An effort is being made to interest the various hospital social services and the Polio Foundation in this problem to the end that a coordinated follow-up service may be planned for children victimized by poliomyelitis.

3. An alarming number of children are being reported with severe dental defects exclusive of orthodontia need. The cost of individual child's need for care has proven too costly a burden for the local agencies to assume and such children are receiving no treatment or care. The names of these children are listed in a special file and their need is being constantly presented to local agencies interested in the need of the children. There is no organized effort in the community for finding and licensing foster homes for the convalescent crippled child.

DENTAL HEALTH PROBLEMS

The lack of equipment for diagnostic and treatment aids for nine dentists operating one school and five health centers. Funds have been provided for the procurement of an x-ray machine during 1949-1950 which should alleviate this problem in the future.

ENVIRONMENTAL SANITATION PROBLEMS

Housing shortage and the overcrowding of substandard units. To maintain a reasonable degree of sanitation in these premises, regular inspections at frequent intervals are necessary. Our district inspectors will continue in 1949-1950 as they have in the past. There is some sign of relief in the future, especially in the Chinatown area. The housing project for Chinatown will no doubt soon be under way. Preliminary activities have indicated that substandard units in this area will soon be under demolition. Regional slum clearance and additional Federal housing may or may not develop in the year 1949-1950. However, preliminary activities indicate some relief in the future.

SAN JOAQUIN LOCAL HEALTH DISTRICT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: Epidemic of diarrhea has been a problem in this county each summer for the past two years. Plans for epidemiological investigation during the coming year are completed. For the first time, this area has a satisfactory diphtheria record. Through immunizations, attempts will be made to maintain this record.

2. Chronic Disease: From death certificates, it would appear that cirrhosis of the liver is a major chronic disease problem. Data from other areas is needed for comparison.

3. Tuberculosis: Tuberculosis continues to be a prevalent disease within this area. A physician with tuberculosis experience has been added to the staff and will work in all tuberculosis clinics (formerly the health department has been divorced from the therapeutic clinics). The case finding of the local Tuberculosis Association will be reviewed and modified; annual x-rays of high school students is not paying dividends.

4. Venereal Disease: Venereal diseases have shown only minor changes in incidence. There is a rising percentage of Negro cases. A local political conflict on vice control may result in an increased spread and the department is alert to this possibility.

MATERNAL AND CHILD HEALTH PROBLEMS

Under present existing arrangements, all prenatal classes and maternity classes have been conducted by the Out-Patient Department of the County Hospital. When facilities become available, maternity classes will be sponsored by this department. Difficulties have been encountered in trying to shift emphasis in the school health program from the secondary to the primary schools. It is hoped that routine examinations can be started at the first grade level during the coming year. The continuing shortage of public health nurses curtails the entire maternal and child health program.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

There is a current demand for a special school for physically handicapped children. Several meetings have been and are being held and the school authorities have been encouraged to establish such a school. The immediate future depends upon the completion of a current case-finding program and demonstration of need.

DENTAL HEALTH PROBLEMS

Dental education has been limited because of a shortage in personnel. This should be corrected next year. The lack of facilities for corrective dentistry has been a serious problem for several years. A temporary plan for treatment in private dentists' offices on a fee basis is now in operation. With a reasonable budget established for dental work next year, it is expected that more education and corrective dentistry may be accomplished.

OCCUPATIONAL HEALTH PROBLEMS

Occupational disease and health in this area remains a virgin field. Only general sanitation in plants has been supervised.

ENVIRONMENTAL SANITATION PROBLEMS

1. There have never been permanent records established for environmental sanitation problems. With the assistance of the Division of Local Health Services, the entire procedure of daily reports and records in the department have been revised. A filing system has been established, and it is hoped that a permanent record can be maintained for all facilities subject to routine or periodic inspections. Considering that this department provides all milk inspection services for the area, we feel that there is a shortage of registered sanitarians. The budget for the coming year provides for one additional sanitarian and one additional clerk assigned to this department. No attempt has been made toward organized classes for food handlers. Plans are being formulated to conduct such courses in cooperation with the Adult Education Division of local schools.

2. The sanitarians repeatedly encounter the problem of private sewage disposal, and in several instances, definite sewer wells have been discovered in the process of construction. A local ordinance controlling waste disposal in the unincorporated area of the county has been drafted and is ready for presentation to the Board of Supervisors for adoption. There has been a marked improvement in the management of public sewage plants and the care of industry waste. Further efforts are needed, however, for continued improvement.

SAN JOSE CITY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Disease Control: In the area of communicable disease control, the problem of lack of standard regulations throughout the country regarding quarantine and placarding has frequently caused musunderstanding and in some instances confusion. The pending meeting of the State Board of Public Health will undoubtedly eliminate some of these problems.

2. Chronic Disease: In the area of chronic diseases and geriatrics, the most important problem is the provision of hospital and custodial care. Supervision of home cases by trained personnel and training of lay persons or members in families through home nursing classes would greatly lessen this problem.

3. Tuberculosis: In the area of tuberculosis control, we have not had sufficient number of beds to adequately isolate our infectious cases. We hope to be able to meet this problem by increasing our sanatorium facilities.

4. Venereal Disease: In the field of venereal disease, it seems that more impetus and direction should be made toward case finding. Established community surveys for tuberculosis could include blood tests for syphilis and serve as a means of case finding.

MATERNAL AND CHILD HEALTH PROBLEMS

There has been a marked increase in the number of babies born at the County Hospital in the past year. This has meant a great many more requests for supervision in our child health conferences. Our present child health conferences have been greatly taxed to meet this additional load, and we are realizing that we need to establish new child health conferences in the city. Supervision of the expectant mother has greatly increased and has presented an additional load to the nursing division. It is hoped that the department will be able to develop classes for expectant parents some time within the next year.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Many times in the past year we have been unable to find licensed boarding homes for some of our seriously handicapped children. In many instances this has meant that the cerebral palsied child has been unable to have educational training because a convalescent home or a boarding home could not be secured near the cerebral palsy school. In addition to this we do not have any convalescent homes for our rheumatic fever cases.

Another program that needs consideration is a program for the epileptic. This program could include diagnosis, treatment, supervision, and community and parental education.

Many of our physically handicapped children also have hearing losses which have resulted in a need for speech therapy. Many of these children are in our preschool age group, and it has been difficult to find adequate speech instruction for this group. Many of our physically handicapped children in the preschool age group need psychometric tests and the facilities at the University of California and Stanford Lane Hospitals have not always been able to provide this service for our children.

DENTAL HEALTH PROBLEMS

At present there is no organized program for preschool children. Adequate attention is also lacking for the other age groups. The key to the problem is the lack of adequate finances and facilities.

OCCUPATIONAL HEALTH PROBLEMS

The most serious problem is absenteeism due to non-occupational illnesses.

ENVIRONMENTAL SANITATION

Need a three to five million dollar bond issue to build sewage treatment and disposal plant. Plans are in progress to have an election in November on this issue. Problem of garbage disposal area and method of disposal. The present disposal are is unsatisfactory and is presently being worked upon. We plan to have the improvements complete within the fiscal year.

SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: Our most troublesome acute communicable disease problem is not concerned with any of the dangerous contagious diseases, but with scabies, impetigo, and pediculosis among school children. We are trying to achieve closer cooperation of nurse, teacher, and parent in handling this problem.

2. Chronic Disease: Probably the most serious chronic disease problem is that there is no organized plan covering this part of public health service. We are trying to promote the formation of such a plan.

3. Tuberculosis: Easily our most serious tuberculosis problem is the control of the recalcitrant patient with positive sputum. We are using as much education and persuasion as we know how to use, but will continue to work for an adequate State facility to which to send such people when education and persuasion prove insufficient.

4. Venereal Disease: At present, probably the most serious venereal disease problem is the feeling that many cases of gonorrhea are probably treated with a provisional diagnosis only and are not reported. We are puzzled to know how to meet this problem.

MATERNAL AND CHILD HEALTH PROBLEMS

Our most serious maternal and child health problem is due to broad area and scattered population, so that many prospective mothers get little or no prenatal service and many young children are not under medical supervision. We shall promote branch prenatal clinics if possible, and try to do more field work among families with young children with a view to stimulating more interest in medical supervision for them.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

We have two serious problems, seeming to be of about equal importance, in connection with the crippled children's services. First, this service is demanding too much of the time of our director of public health nursing. Second, because we must put in so many long distance calls and send so many children long distances for diagnosis and treatment, our service is very expensive; and we are often not sure that the State will cover all the additional expenses beyond the one-tenth of a mill appropriation. More than $10,000.00 of such expenses for the year 1947-1948 still stands unpaid by the State to the County, and the additional expense claims for 1948-1949 are still outstanding in toto. We must have State help in solving these problems.

DENTAL HEALTH PROBLEMS

Our most serious dental problem is securing dental treatment for school age children who need it. It is hoped that the Dental Society can be persuaded to set up a service at reduced rates for medically indigent children and that various voluntary agencies can be induced to help pay the bills.

OCCUPATIONAL HEALTH PROBLEMS

There are practically no factories in the county. We have no serious occupational health problem.

ENVIRONMENTAL SANITATION PROBLEMS

Our most serious environmental sanitation problem is sewage disposal in communities too small to afford sanitary sewers and with relatively impermeable soil so that cesspools and leaching lines are always causing trouble. We don't know how to solve this problem, but do the best we can in each individual case as it comes up.

SAN MATEO COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

Tuberculosis: Our greatest problem at the moment in tuberculosis control has to do with the coordination of the lay organizations miniature case-finding program with the regular public health department program. We feel that the greatest need at the moment is the installation of a miniature film setup within our own department. We have a very active out-patient clinic which would be a great source of material for a case-finding program. We are entertaining the idea of the installation of such a unit if we can find the funds to do it with.

MATERNAL AND CHILD HEALTH PROBLEMS

We are endeavoring as much as possible to coordinate the activities of the school nurses with the activities of our own public health nurses, so that the activities of the one do not duplicate but rather augment the services of the other. The school health nurses in this county are without direct medical supervision which greatly increases the problem. The health department has no jurisdiction over their activities and, in fact, our only participation in the school activities is in immunization work where the schools are the basis for our program in the school age group. We feel that a cooperative program between our own staff and the school department nursing staff is improving considerably and within the next year will be functioning much better than previously.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

In the past year we have taken over the crippled children's service program in the county. We find its problems are many and diverse. Our reporting of cases is increasing at a rapid pace as well as the number of cases participating in the program. Unless a peak is soon reached, we will have to curtail the program because of lack of necessary funds.

DENTAL HEALTH PROBLEMS

No change in the dental program is contemplated. The only program carried on in this county is that the most pressing cases which are cleared by Medical Welfare are given their necessary care. This pertains to adults and children alike.

OCCUPATIONAL HEALTH PROBLEMS

There are several instances of serious occupational health hazards including nitrogen oxides and lead fumes and cement and asbestos dusts. These conditions have been corrected or are in the process of being corrected. A survey of all new plants and a recheck of the established plants will continue with the assumption that any new hazard may be checked before health damage has occurred.

ENVIRONMENTAL SANITATION PROBLEMS

Rural sewage disposal. Formulation of ordinance whereby inspection and approval of each site must be obtained before building permit can be issued.

SANTA BARBARA COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

No acute problems in disease control. Close cooperation with physicians in practice will be continued.

MATERNAL AND CHILD HEALTH PROBLEMS

The principal child health problem has been inability to provide adequate medical advisory service to children of school age due to the fact that the health department's medical personnel has not increased in proportion to the increased school population. Plans for the coming year involve participation in school medical services by practicing physicians in the area.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

This department operates what is known in this state as an independent crippled children service. This service has been fairly complete and adequate for the different classifications of handicapped conditions. It is anticipated that other groups of conditions may in the future be added to the program.

DENTAL HEALTH PROBLEMS

The school dental program for the past many years has proved to be less effectual than was anticipated. For the coming year the department plans to undertake a special dental health project on the basis of study and the provision of complete dental service to selected groups combined with an intensive health education program. This is being developed in cooperation with the State Department's Bureau of Dental Health and the Public Health Committee of the local Dental Society.

OCCUPATIONAL HEALTH PROBLEMS

Special attention is being given to one of the major industrial plants in the county. Studies are being made of occupational hazards and consultation service is being provided toward the correction of that hazard.

ENVIRONMENTAL SANITATION PROBLEMS

The county is still faced with a number of problems arising in matters of sewage disposal, water supplies and vector control. Since the sanitation staff of the department has been augmented by the addition of one registered sanitarian and a public health engineer it is hoped that further cooperation can be obtained from community groups in meeting these needs.

SANTA CLARA COUNTY HEALTH DEPARTMENT

DENTAL HEALTH PROBLEMS

Our most serious problem is the inability of the staff dentist to cope with the increased enrollment in the schools. The only solution to this problem is to have another dental unit in service in the county. In 1949-50 we plan to alleviate the burden of our present dentist by a more careful selection of children to receive service; that is, children whose parents are financially able to pay for dental care will be sent to a private dentist. Our schedule is being arranged for the coming year so that the poorer sections of the county will have more service.

ENVIRONMENTAL SANITATION PROBLEMS

Cannery waste disposal--cooperating with the industry and interested agencies in research for better disposal. Individual sewage disposal--need more careful preliminary work prior to approval. Increased staff is needed.

SANTA CRUZ COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Chronic Disease: Our most serious chronic disease problem is chronic alcoholism. We have no cancer clinic in this county and several of the private physicians are opposed to forming a cancer clinic. However, the president of the Medical Society has promised to bring it before the Society.

2. Tuberculosis: The County Tuberculosis Association is making surveys in industry and public schools and is making free x-rays available for all citizens. The County Hospital has hospitalized all active pulmonary cases that are sources of danger to the family.

MATERNAL AND CHILD HEALTH PROBLEMS

We have eight child health conferences each month and are planning to start the ninth in September. We have three crippled children's clinics and five otological clinics each year. Our greatest need is nursing personnel so that a nurse can give maternal hygiene classes to the maternity clinic cases. We have money allocated for the nurse, but as yet have not been able to locate a public health nurse for Santa Cruz County.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

There is at present no means of hospitalization or treatment of moderate income or indigent rheumatic fever patients. The problem of starting an adequate diagnostic clinic in this county is before the Medical Society for consideration. I have contacted Santa Clara County in regard to working out a cooperative rheumatic fever convalescent home.

DENTAL HEALTH PROBLEMS

We have no finances for dental repair for the older indigent children and prenatal indigent cases in this county. This matter was brought before the Board of Supervisors recently but with no results. We do, however, have a full-time public health dentist for preventive dentistry for preschool and school children under ten years of age.

OCCUPATIONAL HEALTH PROBLEMS

There are no pre-employment medical examinations required for the majority of the ten food processing companies in the county. We have six cider bottling plants and two wineries without sanitary supervision. At present we have no solution to this problem.

ENVIRONMENTAL SANITATION PROBLEMS

It has been recognized that the most serious sanitation problem facing the County of Santa Cruz is concerned with the proper disposal of sewage. The past ten years has brought about a great increase in population in our rural areas which is further complicated by lack of suitable soil for disposal of septic tank effluent. One of our larger recreational areas is faced with the problem of eliminating pollution in the river which is used for swimming and boating. Health department activities for the forthcoming fiscal year include furtherance of an educational program, field surveys, and coordination with the State Department of Public Health in resolving the best means of dealing with this problem.

SOLANO COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: Adequate communicable disease hospital facilities. Plan to promote the enlargement of present county hospital structure and direct staff toward the provision of at least minimal communicable disease ward facilities with operative supervision by county health department staff. Lack of hospital facilities for the convalescent care for post-polio patients. Department now planning to compromise the local general hospitals into providing adequate convalescent ward space.

2. Chronic Disease: Lack of factual or statistical data regarding the extent of the chronic disease in this jurisdiction. Plan to stimulate better reporting in this category; assist in the establishing of a local Medical Society Tumor Board; encourage and assist the local Medical Society in obtaining the services of qualified pathologist.

3. Tuberculosis: Lack of (closer home) tuberculosis ward facilities. Plans being made in conjunction with County Tuberculosis Society and other agencies to obtain county approval for construction of wards adjacent to present county hospital and to stimulate public opinion in support of a northern California regional hospital for placement of recalcitrants and non-resident tuberculosis patients.

4. Venereal Disease: Problem of control of venereal disease with the existing semi-official attitude of the City Government regarding necessity of an "open city". Plan to continue our active program and suppression of prostitution.

MATERNAL AND CHILD HEALTH PROBLEMS

Existence of moderately high neo-natal morbidity and death rates. Planning to obtain the approval of the local Medical Society to establish adequate prenatal instruction program and clinic with participation by interested group; make available some space in the local expanded health center facilities for the operation of a prenatal clinic; provide an interpretative analysis of current neo-natal morbidity and mortality records.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

1. Need for an organized rheumatic fever program including the provision of a local health center diagnostic clinic and the development of or use of local or other adequate general hospital acute and convalescent ward facilities for same. Promotion of auxilliary educational and vocational services for such convalescing rheumatic fever patients is also necessary.

2. Lack of other convalescent and home nursing facilities. By making available factual data to the public, an attempt will be made to stimulate general public opinion to the necessity for local provision of such facilities.

DENTAL HEALTH PROBLEMS

The lack of any preventive or diagnostic dental clinics in the heavily populated Vallejo area and the lack of an organized dental health program under public health auspices in the Vallejo area. Plan to stimulate participation by local County Dental Society and to make available dental room in the expanded health center. Hope to obtain the Board of Supervisors cooperation toward the establishment of dental rates similar to the San Mateo County dental program. Also plan to initiate studies on fluorine needs of our preschool and school population with cooperation from the State Health Department.

OCCUPATIONAL HEALTH PROBLEMS

The lack of any organized occupational health program in this area. No plans will be formulated in the ensuing fiscal year due to lack of sufficient financial and staff resources. Any attempt to develop such a program will be delayed at least one year.

ENVIRONMENTAL SANITATION PROBLEMS

Lack of an organized and sufficiently comprehensive food-handlers program. With assistance of the newly appointed health educator and State consultants it is planned to organize such a program for tentative institution by the spring of 1950. Need for an "in-service" training program for the staff sanitarians. An attempt will be made to stimulate or divide inspectors to develop same.

SONOMA COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

Acute Communicable Disease: The most acute communicable disease problem is the presence of communicable disease in agricultural camps where cases can neither be cared for nor isolated. While we have facilities for the hospitalization of communicable disease, we quarantine or isolate many at home. This can not be done in these dirty inadequate camps.

MATERNAL AND CHILD HEALTH PROBLEMS

Our most serious problem here is to give services with inadequate nursing personnel (three vacant positions most of last year). We have tried to get salaries raised, but have an active taxpayers league which is trying to suppress all expansion. Because of this, we also have not organized parents classes. We hope to do this in 1949-50.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

The most serious problem is lack of physical therapy, personnel, room, and equipment. Our orthopedic physicians and our staff are trying to develop some interest in community groups to finance an outpatient set up.

DENTAL HEALTH PROBLEMS

Our dental health program is sound but we have no county facilities for the care of the indigent child in grades higher than the first (covered by our program). We would like to establish a dental clinic for indigent children but cannot get support.

OCCUPATIONAL HEALTH PROBLEMS

There are many small industries in this county, mostly processing of agricultural products. Local help is used and is largely seasonal. We would like to have industries and their payrolls registered, but find that this changes very rapidly. I do not believe that there is enough of a problem to warrant a program, but unless we have a survey, we will not be sure.

ENVIRONMENTAL SANITATION PROBLEMS

Our most serious environmental problems are those associated with sewage disposal in a group of congested areas with no common collection system except for the cities. At present, the effluent from the State Home at Elridge discharging into the Sonoma Creek is our most pressing problem. Another problem is the numerous "small or mutual water systems".

STANISLAUS COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: The most serious problem has been lack of isolation facilities. A committee organized by the health department which consisted of members from the Board of Supervisors, Medical Society, Polio Foundation, and health department was successful in its efforts last year and as a result, the supervisors are building an isolation hospital with polio facilities which will be finished by December, 1949 or sooner.

2. Chronic Disease: The extent of this problem is unknown to us. We have no plans at present in regard to it.

3. Tuberculosis: Our problem last year was to set-up the master file and to provide facilities for the developing of 70 mm films. The file has been set-up and a room was given to the Tuberculosis Association for the developing of the films. This has been a most successful endeavor. Aside from this, our biggest problem is to have more home calls by the nurses. We hope to fill all nursing positions by 1949 to accomplish this. Times are getting tough now and the girls are not finding the "Sticks" so bad after all.

4. Venereal Disease: More P.H.N. interviewing in the clinic, although our R.N. is doing a swell job and has a high percentage on case holding and contact finding. This will be possible when our P.H.N. staff is adequate as to numbers.

MATERNAL AND CHILD HEALTH PROBLEMS

We started clinics this year. Next year we plan to extend them to cover the entire county, including Salida and the West Side. If nursing staff permits the time, we plan to have more follow-up in homes; improve content of P.H.N. instruction, etc. We also need more demonstration of nursing care in situations where it is needed. Our pre-natal program will start probably as an educational program at the county hospital clinic. Here again we are bogged down by the fact that we are five public health nurses short. We will continue to try to fill our nursing positions.

HANDICAPPED CHILDREN PROBLEMS

1. One of the headaches last year was that the spastic school was set-up without any set policy as to who was going to be responsible for removing children from the school when it became obvious that they had maximum benefit from it. This year there is a committee consisting of Dr. Prigge, the orthopoedic man, Dr. O'Brien, the public health man, and Dr. Yates, the school man. This group will assume responsibility for this from here on out.

2. Another big headache has been the fact that we are having a hard time in getting good clerical help for Mrs. Linde. The health officer has dismissed two girls already, and is not sure as to how the latest one is going to work out. Miss Sams is going back east to study and on top of that the physiotherapist at the spastic school is going to Sonoma to live. The State Health Department will have to get a replacement for her or we will be in the bad graces of the school people. The health officer is going to try to arrange for orthopedic supervision by Miss Sams next year (if she ever comes back) and she is agreeable to this.

DENTAL HEALTH PROBLEMS

Our dentist only does clinical indigent dentistry, although the supervisors gave him permission to start a preventive program, he does not feel that the present set-up makes it possible for him to do so. This year the dentist, the health officer, and one of the county supervisors, who was very much interested, made a trip to San Francisco to see Dr. Kulstad. Nothing ever came out of it. Dr. Bettencourt never contacted him again as far as the health officer knows. The health officer does not plan to do anything further with the dental program at the present time.

OCCUPATIONAL HEALTH PROBLEMS

The health department has not any idea at the present time as to the extent of these problems and does not intend to do anything about them, for the present at least.

ENVIRONMENTAL SANITATION PROBLEM

1. One problem is to get food handling classes organized. Mr. Odell does not feel that we should ask county food handlers to come all the way in to Modesto for this and we do not have enough time or help to give courses in all of the various towns as yet.

2. The Modesto sewerage problem is still one big problem for us and the State Health Department as well. We will do all that we can to remedy it in 1949-50. People are complaining all the time about the odors from the sewage ponds. The health department has attended all of the meetings held on this last year.

3. Another problem is the dog nuisance. There are very many stray dogs here. The county does not have a dog ordinance, although most of the cities within it do. The supervisors feel that such an ordinance should be voted upon by the people. There is no county pound, either. The County Humane Society takes care of some of the dogs for us but must be paid for it. We do not know what the future of this problem is going to be.

TULARE COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: Our greatest problem in acute communicable disease control is poor reporting by private doctors and the County Hospital. Doctors are busy, and they neglect to report many cases of minor contagion. Probably they do not see the need of this. The result is that we do not know the true incidence of the disease in the county. With some diseases, expecially measles, we would like to be able to do more nursing supervision, if we had the personnel, in homes where there are infants and small children. Many mothers do not know the danger of measles to the younger age group. A measles epidemic cannot be controlled by nursing visits, but if a mother knows that immune globulin is available, something about simple nursing care, and the havoc that this disease plays in the younger age group some lives may be saved.

   Many diseases of major contagion such as polio, meningitis, diphtheria and scarlet fever are reported after the infectious period is over. It does no good then to isolate or quarantine. No doubt there have been many contacts with the patients during this time. It is not their fault that we do not have a full-sized epidemic in the community. Then private doctors and John Q. Public wonder why the health department does nothing more to control communicable disease. Two plans have been suggested. A monthly bulletin to the doctors in the county, which among other things could educate them a little to the need of better reporting. The other, to send or take a sample form for reporting communicable diseases to each doctor especially the new ones in the county, with a word of explanation as to their use.

2. Chronic Disease: Due to lack of personnel and the heavy case load of other services, we do not have a program for chronic disease. We have had several calls for bedside care for these patients. This cannot be included in our services due to more urgent work in other services. Until we can have more personnel, we can make no plans for the care of chronic diseases.

3. Tuberculosis: Our most serious problem in tuberculosis is lack of facilities to care for the patient after he is diagnosed. Up until a few short weeks ago this has been a very serious problem. Many cases of advanced tuberculosis with positive sputum were in crowded one, two or three room houses with many small children and no means of isolation. We do not have sufficient personnel to give adequate nursing supervision to these patients in the home. It is not long before another active case of tuberculosis develops in that home, and then another, or a baby dies of miliary tuberculosis or tuberculosis meningitis. Now there is a small 32 bed unit at Sequoia Field, about 10 miles from Visalia, where patients can be isolated, have rest and nourishing food, and some medication. Some of these minimal or moderately advances lesions will be transferred to Springville Sanatorium when beds are available. They are building a 140 bed unit at Springville which it is hoped will be completed by December, 1949. This will be used for patients of Kings and Tulare Counties. When this is completed, it will no longer be necessary to keep patients at Sequoia Field and they can receive more adequate care and treatment in Springville Sanatorium.

4. Venereal Disease: The major problem in the venereal disease control program is in getting good contact information and trying to locate these contacts immediately upon receiving information. We also need a better educational program in venereal disease control. Due to the lack of adequate nursing staff, we have been unable to follow through on many of our cases. We feel that we could give much better service to our people if our personnel could be increased.

MATERNAL AND CHILD HEALTH PROBLEMS

Our most serious maternal and child health problem is our infant mortality rate which is the second highest in California. We have increased the number of prenatal clinics in various parts of the county to furnish care for those women who cannot afford private care. Due to transportation difficulties, many women were unable to attend prenatal clinics in the County Hospital. This prenatal care has been made available to a larger number. Well baby conferences have increased throughout the county and interest in them is growing. There have been requests for clinics in other sections of the county. We also hope to be able to do more health supervision of pre- and postnatal patients, infants and preschool children.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Our most serious physically handicapped children's problem is the heavy case load. Diagnostic clinics are held every two months, but these are so heavy that we are not able to give as adequate service as we would like. Children who are scheduled for these clinics are carefully screened, and each time we are not able to send appointments to all who should come in. Some of the children who have been asked to return by the doctor for observation have had to be scheduled for the following clinic as there are so many who need immediate care. If clinics were not so crowded, children and parents would not have to wait so long, and more time for educational work could be taken by the examining doctor and the nurses. If two or three extra clinics could be held during the year, we might be able to get "caught up", as it were. We also need more personnel to do a more adequate follow-up of the handicapped children in the county.

DENTAL HEALTH PROBLEMS

Our most serious dental problem is some resource for referring children for dental care who cannot afford a private dentist. There is no resource in the entire county to meet this need. The result is that the teeth of little children begin to decay and soon it is too late to save even the permanent teeth, and the child becomes a dental cripple, or his permanent teeth are crooked and he has mal-occlusion. More educational work in dental health and hygiene can be carried on in school and home by the teacher and nurse. Meetings have been held with the County Dental Society and the health department to work out a plan to provide some care for these children. The one favored by both groups is to give care at a moderate cost with the necessary funds to be raised by various community agencies and organizations. A preventive program should start with the pre-schoolers. Along with this program should go an educational program. Little children should know why it is necessary to keep the six year molars in good condition.

OCCUPATIONAL HEALTH PROBLEMS

Our most serious problems are inadequate worker housing and indiscriminate use of new toxic insectisides. Being primarily a rural agricultural area,

occupational health problems are primarily concerned with providing adequate housing for workers. Not much can be done at present except to stress educational programs aimed at all concerned to provide better housing.

ENVIRONMENTAL SANITATION PROBLEMS

Our most serious environmental sanitation problem in Tulare County is sewage disposal for rural housing and disposal of industrial waste. Correction to this problem will be by survey and ordering corrections on substandard sewage disposal units. There are three communities in the county that are in the process of putting in sewage disposal systems. We hope to be able to help promote such systems in other communities during this fiscal year. We have a septic tank ordinance which is helping us to control proper sewage disposal systems for the private home. We hope to have industrial waste problems improved and possibly placed on a State permit for proper methods of disposal.

VENTURA COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Acute Communicable Disease: This problem continues to be infant morbidity and mortality due to diarrheal diseases. The environmental sanitation program is to be intensified plus intensification of educational measures through child health conferences and classes for expectant mothers and fathers. This work will be carried on in the areas that, according to epidemiological investigation, contribute most of the cases.

2. Tuberculosis: The shortage of hospital beds has become the most important problem here. Plans are well underway to provide additional facilities.

3. Venereal Disease: No particular problems except that our case finding program probably should be expanded but will not be because present personnel cannot take on any more programs.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

The most serious problem is in the absence of a rheumatic fever program. Gradual steps are being taken with the Medical Society to remedy the lack of such a program.

DENTAL HEALTH PROBLEMS

The most serious dental problem is and will be attempting to provide dental services. In 1948-1949 our clinic was only operating two days a week. This year there will be an attempt to increase the participation of private dentists in the program.

ENVIRONMENTAL SANITATION PROBLEMS

There are two serious sanitation problems namely flys and improper individual sewage disposal systems. A member of the sanitation department has attended a "fly control institute" and we are going to attempt some definite organized effort along this line with community cooperation if possible. Also, more inspection work of fly breeding areas is to be done. The main difficulty in the individual sewage disposal problem is the continued existance of poorly constructed and maintained pit privies. A determined effort is being and will continue to be made to as rapidly as possible get rid of these privies and to see that those remaining are kept in better condition.

YOLO COUNTY HEALTH DEPARTMENT

DISEASE CONTROL PROBLEMS

1. Tuberculosis: Need increased educational program and a case register.

PHYSICALLY HANDICAPPED CHILDREN PROBLEMS

Inability to place institutional cases due to over-crowding of State institutions.

DENTAL HEALTH PROBLEMS

Transportation presents a problem in rural areas, making it difficult for children to see their dentists frequently. Hence, in many cases teeth are neglected. A mobile unit would aid greatly in solving this problem.

ENVIRONMENTAL HEALTH PROBLEMS

Sewage disposal in eastern section of the county. This condition will be relieved when the West Sacramento Sanitary District completes its sewage disposal system.

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